

HEALTH & HUMAN SERVICES COMMITTEE
of the
Suffolk County Legislature

Minutes

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on **June 2, 2005**.

Members Present:

Legislator Paul Tonna • Chairman
Legislator Allan Binder • Vice•Chair
Legislator Daniel Losquadro
Legislator John Kennedy
Legislator Ricardo Montano
Legislator Peter O'Leary
Legislator Brian Foley

Also in Attendance:

Legislator Lynne Nowick • District No. 13
Legislator Dave Bishop • District No. 15
Mea Knapp • Counsel to the Legislature
Ian Barry • Assistant Counsel to the Legislature
Ron Cohen • Aide to Legislator Tonna
BJ McCartan • Aide to Legislator Tonna
Linda Bay • Aide to Presiding Officer Caracappa.
Dan Hickey • Aide to Presiding Officer Caracappa
Kevin LaValle • Aide to Legislator Losquadro
James Teese • Aide to Legislator Kennedy
Frank Tassone • Aide to Majority Caucus
Maria Ammirati • Aide to Legislator O'Leary
Paul Perillie • Aide to Minority Caucus
Gloria Baca • Aide to Legislator Montano
Ryland Gaines • Aide to Legislator Montano.

Ilona Julius • Deputy Clerk/Suffolk County Legislature
John Ortiz • Budget Review Office
Ben Zwirn • Assistant County Executive
Jimmy Dahrough • County Executive Assistant
Jacqueline Caputi • County Attorney's Office
Janet DeMarzo • Commissioner/Department of Social Services
Ed Hernandez • Deputy Commissioner/Department of Social Services
Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services
Roger Barbaro • Director•Housing Division/Department of Social Services
Elizabeth Harrington • Deputy Comm/Department of Health services
Marc Myers • Department of Health Services/Community Mental Hygiene
Jacquelyn Best • Department of Health Services/Community Mental Hygiene
Daniel Burhans • Department of Health Services/Crime Lab
Joseph Galdi • Department of Health Services/Crime Lab
Vito Minei • Director•Environmental Services/Dept of Health Services
Steven Moll • Island Public Affairs
William Stoner • American Cancer Society
Barry Rosen • Eastern Suffolk BOCES
Martha Kahan • Eastern Suffolk BOCES
Terry McLeod • Creative Socio•Medics
Roy Gross • Chief/Suffolk County SPCA
Dr. Howard Flynn • Long Island Veterinarian Medical Association
All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(*The meeting was called to order at 11:39 A.M. *)

CHAIRMAN TONNA:

We're going to have the Pledge of Allegiance led by Legislator Bishop.

Salutation

Thank you very much. Okay, we have cards. We'll go with the first card, Terry?

LEG. CARACCILO:

Whoa, whoa, don't you read your agenda?

CHAIRMAN TONNA:

No.

MR. COHEN:

There's public hearings, Paul.

CHAIRMAN TONNA:

Oh, public hearings? Sorry. I have •• this is a card for •• I don't have any public hearing cards; are there any public hearing cards?

MS. JULIUS:

I don't have any.

CHAIRMAN TONNA:

No, right? Vito, I'm not going anywhere, all right? Brian? We're waiting for you, big boy. No, the other one, I'm sorry. But I do love your haircut, I want you to know; you're one handsome looking dude.

MR. McLEOD:

I'm bald all the time.

CHAIRMAN TONNA:

All right. Okay, Terry McClean.

MR. McLEOD:

McLeod.

LEG. BINDER:

McLeod? All right, sorry.

MR. McLEOD:

I just wanted to ••

CHAIRMAN TONNA:

No, no, no, you've got to come up and name, rank, serial number, okay, the whole thing like that.

MS. JULIUS:

Sit down.

CHAIRMAN TONNA:

You can sit right here if you want. Ilona likes the company anyway. There's only two cards and then we'll get that and then we'll do the public hearings.

MR. McLEOD:

I really don't have any prepared statement, I just wanted to let you know that I'm here ••

MS. JULIUS:

Wait a minute, excuse me.

MR. McLEOD:

I don't have a prepared statement, I wanted to let you folks know that I was here in this matter. I represent Creative Sociomedics and we're the manufacturer of the software for the methadone clinics. So anything you need to know about the product, I'm available and at your service.

CHAIRMAN TONNA:

Okay. There were questions with regard to how it works. I think Legislator Binder had a number of questions about how it worked, he couldn't visualize, you know, I guess how something like that worked. You know what, if Legislator Binder shows up then maybe we'll bring you back, okay, to answer questions.

MR. McLEOD:

Sounds good.

CHAIRMAN TONNA:

Thank you, sir.

MR. McLEOD:

Thank you.

CHAIRMAN TONNA:

Okay. Dr. Howard Flynn? Nice to see you, Dr. Flynn. How is everything going? He needs police protection? No, I'm joking.

DR. FLYNN:

Good morning.

CHAIRMAN TONNA:

Hi. How are you?

DR. FLYNN:

Are we on here?

CHAIRMAN TONNA:

You are.

DR. FLYNN:

Okay.

CHAIRMAN TONNA:

I know we have an officer, so maybe you would like to just your name, rank, serial number, all that other stuff. You have a card?

MR. GROSS:

Yeah, I have one right here.

CHAIRMAN TONNA:

All right, then I'm going to call you up separately then, or unless you want to do this together.

MR. GROSS:

We can do it together, it's basically for the same purpose.

CHAIRMAN TONNA:

Okay.

MR. GROSS:

My name is Roy Gross, I'm Chief of the Suffolk County SPCA.

MS. JULIUS:

It's not on.

CHAIRMAN TONNA:

There you go.

MR. GROSS:

Much better, okay.

CHAIRMAN TONNA:

Thanks, Roy.

MR. GROSS:

Roy Gross, Suffolk County SPCA, Chief of Department.

CHAIRMAN TONNA:

Thank you, sir. Okay.

DR. FLYNN:

All right. My name is Dr. Howard Flynn, I'm a veterinarian at 50 Middle Island Avenue, Medford. I represent the Long Island Veterinarian Medical Association. I'm speaking on behalf of bill 1497 in regards to vaccinating the animals that would be going into •• in reference to vaccinating animals that are going in to boarding facilities.

I would like to make one comment in reference to this, is that you did not include cats in this. Now that we have rabies on Long Island, and I think we're all aware that there was three or four cases of rabies in Nassau County where we're on the alert and it is a very, very significant public health issue here. I also have a letter, I was in contact with the Department of Agricultural and Markets yesterday, I have a letter that I would like to read to you from John Huntly who is the Director from the Division of Animal Industry, the New York State Department of Ag and Markets. "Rabies vaccination in companion in animal population including dogs and cats is the most important vector in the prevention of rabies and humans. The advent of rabies vaccinations, the animal rabies vaccine was accompanied by a dramatic reduction of the number of human rabies exposures in subsequent human infections. The public health and the economic success of companion rabies vaccination programs are well documented. Rabies vaccination in dogs is a mandatory dog licensing requirement," and I stress mandatory. "The New York State Department of Health requires every dog, cat or ferret to be vaccinated for rabies with the exception of those confined to incorporated shelters. The Division of Animal Industry supports universal rabies vaccinations of dog and cat population. That recommendation extends to dogs and cats that are kept indoors or shelters, boarding facilities and other vendors. Sincerely John P. Huntly, DVM."

CHAIRMAN TONNA:

Just to give you an idea of how it works. There's a bill here, we're going to have to •• we're going to have to table the bill anyway because it's subject to a public hearing. The public hearing is going to be next Tuesday here in Hauppauge.

The County Exec's people, you're there; Ben, are you around, or somebody? Somebody is there, right, you're representing the County Executive? I mean, if he's forgotten about cats, I mean, maybe he's not a cat person, I don't know, but if he forgot about cats, maybe he could look at the bill and change the bill and add cats. You know, maybe it's for budgetary reasons or something, but I'm sure, you know, we would want to include cats, obviously the science is there, right?

MR. GROSS:

Well, generally most people board dogs, you know, and it probably was just overlooked, most likely it was overlooked. Because generally when you're saying boarding an animal, generally you're boarding a dog, but cats should be included in this.

CHAIRMAN TONNA:

Right. Okay, so we'll make sure we communicate that to the County Executive. He might want to make a corrected copy to his bill subject to a public hearing, and I appreciate you coming down and telling us. Just how are we doing with those tigers?

MR. GROSS:

Yeah, they're not tigers, they're leopards and this is probably one of the most bizarre cases we've ever handled, but they're in a safe environment right now.

CHAIRMAN TONNA:

Are people •• by the way, I know this is an aside; are people allowed to ••

MR. GROSS:

No. As a matter of fact, there is a State law now that bans •• as of January 1st of this year, bans the ownership of exotic animals, so hopefully that will put a damper on these people obtaining them. Although ••

CHAIRMAN TONNA:

How do they get these things? I mean, they said they bought it from the city or something? I mean, how do you ••

MR. GROSS:

He bought it from a man, and we're investigating that right now, from Manhattan, he was in the process of purchasing two more black leopards and what he had in his home, he had so many exotic skins and dead animals and he had a dog in a cage that was probably one of the most severe cases of animal neglect we've ever seen. It goes on, the U.S. Fish and Wildlife is involved in it, the DEC, there's antiquity laws that may have been violated as well.

CHAIRMAN TONNA:

How do these •• just because it seemed to me almost •• it seemed very bizarre. I mean, is somebody mating leopards in the city somewhere and then taking the cubs and basically •• I mean, how did they get into this country? There's some, you know, undercover zoo issue or something like that where they're doing this and then ••

MR. GROSS:

Actually, it's legal, in many parts of the United States it is legal to have these animals.

CHAIRMAN TONNA:

Really?

MR. GROSS:

And there are •• there's papers, newspapers out there, you can get it on a website, you could actually find places that sell these animals and then what they do is they go out to these locations, they bring them in illegally, they're crossing state lines. And like I said, you wouldn't believe some of the journals out there that offer these exotic animals for sale.

CHAIRMAN TONNA:

Well, I would ask you, you know, again, if you have any suggestions for legislation on the County level, you know, or that we can send up a Home Rule Memorializing Resolution to the State, anything that you think would help protect people a little more and help protect these animals and everything else. I mean, I'm sure there are a number of Legislators who would be very interested, you know, in championing these causes, not even Legislator Cooper, I mean, he's a big animal lover. But generally speaking, if you have some things that you could say, "Hey, this could really help us in our enforcement," and it seems to be kind of intuitive, I think there would be a lot of Legislators who would be very interested in getting ••

MR. GROSS:

Well, I thank you for that. We'll look further into it and see what else we can probably bring forward.

CHAIRMAN TONNA:

That would be great. I hope they throw the book at this guy.

MR. GROSS:

I think they will. But there is a State law that is very, very clear on this and it's long overdue and it did go into effect, but there are a lot of people out there that still, you know, illegally bring them in from out of state, and that's the problem where it really should be done on a Federal level.

CHAIRMAN TONNA:

Right.

MR. GROSS:

Just like guns, the same thing ••

CHAIRMAN TONNA:

Yeah.

MR. GROSS:

•• where they go into a state and buy a gun, now at least there is a Federal law on that.

CHAIRMAN TONNA:

If one of these things just got out of the house, right?

MR. GROSS:

Well, that's how this happened in the past. We've had cougars out, we had that case, the _cergal_ cat just not that long ago in Huntington that escaped. I mean, it's very, very serious.

CHAIRMAN TONNA:

All right. Well, thank you, sir. Thank you very much.

MR. GROSS:

Thank you very much.

CHAIRMAN TONNA:

And Dr. Flynn, thank you very much for the time.

(*Legislator Binder entered the meeting at 11:49 A.M.*)

DR. FLYNN:

I might just say just as an aside here, a lot of these animals come from the overflow from zoos

and these zoos are •• many of these zoos are breeding programs because some of these animals are endangered species, so they breed their own animals and then once they've got their full number of animals they've got to do something with these extra animals and then they're sold to wildlife farms. If you start talking about Texas and Florida, there's a significant number of these wildlife farms that actually take these animals in and then it's black market coming across the State lines and bringing them into the city and that type of thing.

CHAIRMAN TONNA:

Holy moly, that's ridiculous. Well, thank you very much.

MR. GROSS:

Thank you.

CHAIRMAN TONNA:

Thank you, gentlemen. Thank you for the time.

MR. GROSS:

And thanks for your offer on help, we appreciate that. Take care, ladies and gentlemen.

CHAIRMAN TONNA:

Okay. Now we have public hearings. Okay, so there are no cards for ***1421 (Adopting a Local Law to prohibit the sale of all cold medicine containing dextromethorphan (DXM) to minors within the County of Suffolk (Nowick).*** Does anyone want to speak on 1421?

LEG. NOWICK:

Could I just say something?

CHAIRMAN TONNA:

Legislator Nowick.

LEG. NOWICK:

Although I am not a member of this committee, I just want to address 1421. I'd like to recess this again, I'm working with the Food Industry Alliance of New York State to come up with a bill that works for all of us.

CHAIRMAN TONNA:

Okay, great. So I'll make a motion to recess, seconded by Legislator Binder. All in favor?
Opposed? ***Recessed.***

1585 (Adopting a Local Law to require screening of employees of agencies providing hot •line services to children who are victims of sexual abuse (O'Leary). Legislator ••
again, there are no cards. Legislator O'Leary, what's your pleasure?

LEG. O'LEARY:

There's nobody to speak on this?

CHAIRMAN TONNA:

No.

LEG. O'LEARY:

I do have to make some corrections to the original resolution, but I'll look to close this and prior to the next committee meeting have the appropriate amendments made.

LEG. FOLEY:

Second the motion.

CHAIRMAN TONNA:

Okay. So there's a motion by Legislator O'Leary, second by Legislator Foley. All in favor?
Opposed? This is to close. All right, thank you.
Closed.

LEG. O'LEARY:

Thank you.

CHAIRMAN TONNA:

All right. Ooh, we've got correspondence and now we have a discussion. The Honorable Michael Caracciolo. Thank you very much.

LEG. CARACCILO:

Well, thank you, Mr. Chairman.

CHAIRMAN TONNA:

Today you'll be our discussion leader. We're going to discuss IR 1072, is that true, yes?

LEG. MONTANO:

Yes.

CHAIRMAN TONNA:

Okay, there you go.

LEG. CARACCILO:

Okay. Well, thank you.

CHAIRMAN TONNA:

No problem.

LEG. CARACCILO:

Welcome back. I understand that you weren't feeling well a few weeks back.

CHAIRMAN TONNA:

Oh, gosh, I'm still •• my son's on a respirator, we're really getting hard hit right now, one of these nebulizers or something.

LEG. CARACCILO:

I glad you're feeling better. Members of the committee, the purpose of my presence today is to, in conjunction with John Ortiz from our Budget Review Office, make a very brief presentation about the need for a new County mammography van. So if John would come out, he has a handout and a brief slide presentation.

CHAIRMAN TONNA:

How are you, John?

MR. ORTIZ:

Very good.

LEG. CARACCILO:

John, if you would just walk us through this brief presentation, I would appreciate it.

MR. ORTIZ:

The first slide is a brief history of ••

CHAIRMAN TONNA:

Just a little louder, please, John.

LEG. CARACCILO:

You're not on.

MR. ORTIZ:

A brief history of the mammography van. We have one in service right now, it was purchased in 1996. It has about 123,000 miles on it, although we only put 6,300 miles on it last year because it was out of service quite a bit.

We're in the process of putting a \$50,000 generator into it to make it less relying on locations where it has to be plugged in. And the Department of Public Works has done an estimate on this diesel engine and said it should run for at least another five or six years under the current usage.

This slide is an average number of patients that were seen in the first quarter of this year; you can see we do about 111 per month at the four different centers. As you all know, there's an existing Capital Project, 4076, that allocated \$300,000 in 2001 to buy a replacement van which we never purchased.

LEG. CARACCILO:

John, could you just speak up?

CHAIRMAN TONNA:

Yeah, just •• go ahead.

MR. ORTIZ:

This resolution before us today adds another 250,000 to that based on current cost estimates. This resolution has been tabled in previous committees because we wanted to do a better analysis of the situation.

Issues before us, the Health Department doesn't think we need another van. The department estimates that there will be an additional \$350,000 cost in operating expenses for the staffing of the van and the supplies that will be needed. Also, we've recently installed stationary mammo units in each health center which should reduce the need for the van. Of course, the flip•side to that is an additional van would allow us to increase the amount of patients visited. The question is does the demographics and the growing population of the County demand the additional van.

So it's simple to do an easy cost benefit analysis, a second van would inherently increase the amount of residents served, but there's a cost to that increase. Also, increased services and screens should reduce future medical costs. What are the Legislature's options? Do nothing and just rely on the existing van; purchase a second van and increase services; or purchase a replacement van and trade in the existing van. The replacement van would be more reliable, of course there's a cost to that; Public Works is working on an estimate of what that trade•in value would be.

While there were a lot of questions about the cost of the van, the Department of Health Services had originally come in and said the van would be a lot of more than \$550,000. We contacted over 12 agencies that build these vans and I got estimates from six of them on analog and digital vans and a fully equipped analog van can be purchased between 450 and \$550,000, a digital van does cost more, it's about 650 to \$800,000. The van itself only costs about 350,000, the analog equipment costs about 90,000, the digital equipment costs over 300,000.

What new technologies are out there right now? Well, the digital van has lower annual operating costs. Basically, the major reason why is that it's more reliable and you get less patient revisits, so it's a big savings on Medicaid costs. Also, there's less film that has to be processed because many of the images can be viewed on the screen. There's a new technology in Europe right now that should be approved in the United States in July. This takes analog

images and converts them to digital, so there's no reason to wait to buy a digital van when the costs come down, you could always buy this piece of equipment that would give you digital images.

I did a lot of research, called a lot of people, did Internet research, it doesn't seem like there's any other cutting edge technologies out there for mammography mobile units. So one of the questions was should we wait for cutting edge technology? I don't see any on the horizon.

This is an image of a mobile van that was worked up for the County, this one would cost about 550,000, this is pretty much a top-of-the-line type of van. This is a picture of the exam room on the inside of the van and this is the patient waiting and education area, you can see it looks very comfortable. And that's our colleague Mike in front of the current van.

CHAIRMAN TONNA:

That's the PR team.

LEG. CARACCILO:

Good shot.

CHAIRMAN TONNA:

John, could I just ask you a question since you're crunching the numbers? In the first quarter we did 111 mammographies with one van, right?

MR. ORTIZ:

Right.

CHAIRMAN TONNA:

So we're talking about replacement van with staffing and everything else, I mean, you know, with the frills, with the film and everything, we're talking about a million dollars a year, right, or a million dollars?

MR. ORTIZ:

About 900,000.

CHAIRMAN TONNA:

Okay. We do 111 mammographies ••

LEG. LOSQUADRO:

Mammograms.

CHAIRMAN TONNA:

I'm sorry. Why wouldn't I say mammographies?

LEG. LOSQUADRO:

It's a mammogram.

CHAIRMAN TONNA:

Okay, a mammogram.

LEG. LOSQUADRO:

I don't want to be critical.

CHAIRMAN TONNA:

Anyway, so my point is did you ever go to a •• did you ever check what an office does? You know, radiology office and how many mammographies that they do in a year?

MR. ORTIZ:

No, I didn't do that comparison.

CHAIRMAN TONNA:

Okay. They do about probably a hundred a week, okay. I just don't understand. I mean, we're talking about in a quarter 111, so let's say we do two vans and let's say that, you know, there is no diminishment, you're going to have as many places in Suffolk that you do, so now we're talking about an additional 111. For the purchase of a van, it could be up to 800,000 but let's say about 600,000, 500,000, and then the operating costs of another \$400,000 a year; do you know how much we're paying for a mammography •• a mammogram?

MR. ORTIZ:

By the way, the 111 ••

CHAIRMAN TONNA:

Per mammography, per mammogram, whatever you want to call it.

MR. ORTIZ:

The 111 is per month, we did 441 in the quarter.

CHAIRMAN TONNA:

Oh, you did. Okay, so how much does that work out?

MR. ORTIZ:

That would be about 1,600 a year, so at \$900,000, \$450.

CHAIRMAN TONNA:

Four hundred and fifty dollars a mammography, or mammogram, right? I could tell you this; we could helicopter every single person who wants to have a mammogram basically to an office for that amount of money.

MR. ORTIZ:

I think the purpose of the van is to reach people that don't have access.

CHAIRMAN TONNA:

But we have one. Now, I mean, we have a van, why would we want to do this? I mean, I just don't understand. You know, if you look at Suffolk County and you look at the radiological offices that are available for people, all right, to go, we could cut a deal with locations all over the place, you're supporting local business, all right, you're supporting local physicians, these are people who deal with this every single day, day in and day out. The problem with reducing •

LEG. BISHOP:

You have to bring it to them. I think that's the thing, you have to bring it to them.

CHAIRMAN TONNA:

Well, bring it to them. Dave, bring it to them. Let's say they're going to do it in a district office, right, we use district offices as locations. Well, how far do you think a local diagnostic center for a mammography, a mammogram, is as opposed to going to your district office? There are more than 18 in Suffolk County, okay.

LEG. BISHOP:

I don't think a district office is a good example, because you're right, it's just like ••

MS. MAHONEY:

You need to use the microphone.

LEG. BISHOP:

No, I don't.

CHAIRMAN TONNA:

My point to you is I just don't see this •• from a cost benefit analysis, when you can have, you know, a board certified radiologist who reads 50, let's say 50 films a day or 40 films a day or 30 films a day, all right, when the redos could be done right then and there because they read the film right away and they say, "Hey, I see something over here or I see something there, we need to get a better view of this," or whatever else. I just don't see why we would want a second van when really the first van isn't being utilized to an optimum amount. And if there are these pockets of places where we really need to be mobile, where the argument could be made that they can't go, you know, wherever else, then fine, so we have a van. But, you know, who •• did you do any demographics of the people who are utilizing these vans now?

LEG. CARACCILO:

May I respond?

CHAIRMAN TONNA:

Sure.

LEG. CARACCILO:

Okay. First let me say that your analysis is not accurate because the population you're attempting to serve in many cases are those who are not perhaps indignant but who cannot afford, cannot afford to have mammographies taken. So that's a population, that's a targeted

population that the County has historically attempted to reach through this outreach mobile mammography van program. The issue and the analysis is further faulted based on the fact that you're using statistics that have been current but don't include the fact that the mammography van has not been fully operational for the last couple of years due to a variety of mechanical problems, and that has been costly to the County.

I think, and I know where you're coming from given the business that you're in, is if you did a cost analysis of what it costs to provide this service to County residents and what the health costs would be if they were not screened periodically and not provided the service, I think that gets to one of the points that Mr. Ortiz made and that was this should help reduce Medicaid and Medicare costs for the County. You know, we do contribute 25% of those costs.

So the first thing I think we need to identify from the Health Department •• and I don't know if anyone is here today to address it, but if certainly not the next committee meeting they should be and I'll generate the correspondence to get those questions answered •• is what is the per unit cost and •• but that's not the whole picture. What needs to be understood is that we've had a van that has not been fully functional, as a result a large segment of residents who annually have participated in the Mobile Mammography Van Program have been shut out. Because the only way they can get those mammography •• mammograms, rather, is if they go to a health center.

CHAIRMAN TONNA:

Right. But Michael, just the logic that you're •• and I hear what you're saying. I don't know how the Medicare plays as much as the Medicaid, but first of all, the Medicaid patients that we help reimburse the 25%, I mean, is there any demographic that shows that these are the people going for these mammographies? Because my sense is is that the people who are going for them are generally senior citizens, I'm not positive. But during a day when there is somebody who is making their \$7 an hour out in a job, they're not going to take the day off, all right, they're on Medicaid, they're not taking the day off to go to a day mammography. They might go, by the way, to the health center, which I think is a great idea that each of the health centers have a unit that they can avail themselves of. But generally speaking, when you're talking about radiological procedures, which a mammogram is, it would seem to me the County would be much better suited to put money into marketing and to setting up a fee structure with any radiological group that wants to do it like a Managed Care organization would do and say,

"Look, we're going to give you the 150, \$250, whatever else it is, if you're going to do a mammography, provide a mammogram for our Medicaid patients." When here are now every single person in Medicaid is going to get a mailing, they could say, "Here are all the sites, we advise you to make sure that you do this" and then, you know, go from there.

And the same thing •• I mean, again, I don't know how the cost is related with Medicare, all right, with the County, I don't know, you know, how we pay for that. But generally speaking, I would say that it's a lot less expensive and it will be a lot better than trying to think that we're going to be able to have these mobile units going all over the place. You know how many times they show up and there's only, you know, a trickle of people that come in, it's dependent on whoever is trying to get the senior citizen group here or there or wherever else. I'm just saying, there are enough radiological offices throughout Suffolk County that given a halfway decent reimbursement rate they've already negotiated those rates with Managed Care organizations, that they would take these things and provide them for whoever asked, that would be my impression. Not at \$450 a pop, I'm telling you right now.

LEG. CARACCILO:

Well, I don't think that's an accurate ••

CHAIRMAN TONNA:

They're not paying 450 •• let's say 200, okay.

LEG. CARACCILO:

I think we need to get that information. Is anyone here from the Health Department?

CHAIRMAN TONNA:

I don't know, but I can tell you this, I know the Managed Care reimbursement rates for a mammography or a mammogram, I even know the CPT code; at most we're talking about \$150, that's the most generous plan around.

LEG. CARACCILO:

Well, then that brings into question why we have this program.

CHAIRMAN TONNA:

Very good point. I think this should be a program that the Health Department does more in

advocacy about making sure that you get out there and here's a network that we put together so that you can get it, if you can't afford it or you don't have health care or whatever else, rather than putting it in vans.

LEG. BISHOP:

But what would we put our name on then?

CHAIRMAN TONNA:

Exactly, that's my point. You don't have to put your name on anything anymore; as a matter of fact, I hear that's a really good thing. But generally speaking, you know, that's a perfect example of why are we doing this?

LEG. CARACCILO:

Well, perhaps we can get some answers to the unit cost question from the Health Department.

CHAIRMAN TONNA:

Thank you. Could you help us answer these deep, meaningful questions?

DEPUTY COMMISSIONER HARRINGTON :

Good morning. Thank you very much for having this discussion, Legislator. Just a couple of clarifications I wanted to make from the outset.

I brought with me Dr. Patricia Dillon from the Department of Health Services to answer some of your questions. I just wanted to make you aware that I was not given any questions that you wanted answered before today or I would have brought those responses with me. However, I can tell you that one of the problems we have with the mammo van is that the quality of the films is so poor that the repeat test rate is huge. And it's problematic when you're dealing with a population who has trouble, you know, from your point of view getting to the first mammography to bring them back for a second and they end up in a fixed•site setting anyway.

CHAIRMAN TONNA:

Sorry to interrupt. There's no board certified radiologist at the time of the exam reading those exams, right?

DEPUTY COMMISSIONER HARRINGTON:

No, there's not and it gets sent out and then it comes ••

CHAIRMAN TONNA:

Yeah, so it comes back, it's a lousy film, then they've got to be •• you know, then it's got to be taken again to the inconvenience of the patient.

DEPUTY COMMISSIONER HARRINGTON:

And the fear factor, when you wait a few weeks and then you hear from a radiologist and then they have to call and then you have to come back. And quite frankly, on the east end many of the population using the services are not English•speaking, and so it's very difficult to communicate anyway so it ends up coming back through the health centers. And we are very, very lucky to have many grants that allow these women to go to local radiologists, they're not coming necessarily to our health centers on the east end, they're given a voucher to go to a local radiologist and get the test redone in a fixed•site setting which is much, much more accurate for the patient.

So that's the reason that the Health Department is •• I mean, we're in an odd position of saying thank you very much but we don't feel we need the service at the time. You know, we feel that one van is enough. It may have been more useful years ago when we didn't have as many fixed sites and we didn't have as much grant money available, but right now, you know, the Women's Health Partnership, we have a lot of funding for mammos. We don't, however, have funding in our budget for digital which is the wave of the future. I mean, if you have money to spend we would not be adverse to putting digital in a fixed•site setting, it would be a wonderful thing for us, but that's not been discussed and that would be the department's preference.

LEG. CARACCILO:

Paul?

CHAIRMAN TONNA:

Sure.

LEG. CARACCILO:

How many fixed•site locations are there in the County?

DEPUTY COMMISSIONER HARRINGTON:

We have eleven fixed•sites, but I believe only five have mammo.

LEG. CARACCILO:

So five County•wide to serve the population of almost 1.5 million.

DEPUTY COMMISSIONER HARRINGTON:

No, we have many, many contract radiologists locally.

LEG. CARACCILO:

Well, that's what I meant when you said ••

DEPUTY COMMISSIONER HARRINGTON:

And so •• no, I meant our health centers, we have many, many fixed•site radiologists who do it on a voucher system, especially on the east end.

LEG. CARACCILO:

And what do we reimburse them for in terms of voucher?

DEPUTY COMMISSIONER HARRINGTON:

I don't know what their current rates are, I'd have to get someone from Riverhead to answer those questions.

CHAIRMAN TONNA:

I can tell you this. I can't recall the number ••

DEPUTY COMMISSIONER HARRINGTON:

I can tell you that no one is turned away.

CHAIRMAN TONNA:

I knew the number at one time and I thought it was on the high end generous, in comparison to what Managed Care organizations are reimbursing radiologists, but I can't •• to tell you quite honestly,

I don't have those numbers.

DEPUTY COMMISSIONER HARRINGTON:

Well, after our last meeting I was out at the east end at the Riverhead Center and at Southampton and East Hampton, and I asked the Medical Directors and the Nursing Director what their thoughts were on it and whether they really felt •• because it seemed to me, Legislator, that that was the area you were focusing on and there's a great concern with regard to the east end, you know, and the services that we are able to provide. And they were very forthright, that they really didn't feel that it would be helpful because of the combination of the poor quality of the films, the fact that we have a van now, that it's a better x•ray when you take it at a fixed•site setting and the availability of the grant funding to send people to local radiologists, and that was their view of the situation. So ••

CHAIRMAN TONNA:

Michael, I'll just tell you, in fact, that's been exactly my experience. When we had a mobile mammography in my company, in our city locations and in our borough locations and we discontinued it after three months. We did it on a trial basis, we discontinued it after three months because the quality of film wasn't there and you don't have an on•site radiologist to read the film, it caused more problems than it helped.

LEG. CARACCILO:

Well, the bottom line here is providing a service to County residents that have a need and right now that need is not being filled.

DR. DILLON:

May I make a suggestion?

LEG. CARACCILO:

So if you could provide us with a list throughout the County of all the locations so that we can distribute that to our constituents and make them aware that this program exists, that would be very helpful. Because until this testimony, I was not ever informed of that, neither was our Budget Office or anyone around this horseshoe. So, I mean, that's great to have a program in effect, but the population, the people we represent are not aware that it exists.

DEPUTY COMMISSIONER HARRINGTON:

I'm still not certain, Legislator, what ••

LEG. CARACCILO:

Well, I know we have five County health centers and we've been directing people to the health centers, but there are many people who can't get to Riverhead from Orient or from other ••

DEPUTY COMMISSIONER HARRINGTON:

In other words, if you go to East Hampton and you need a mammogram, they will direct you to a local radiologist. So I'm not sure whether you want the list of participating radiologists or whether you just want to know where •• from where the referrals stem?

LEG. CARACCILO:

I would like to know more about the voucher program, how a resident can participate in that program, and a list of locations and physicians that are participating in that program so we can publish that and distribute that to our constituents so they know this program exists. Is there anyone on the horseshoe who's aware that this program existed in this form?

CHAIRMAN TONNA:

Yeah, the voucher program? Absolutely.

LEG. CARACCILO:

The which?

CHAIRMAN TONNA:

The voucher program?

LEG. CARACCILO:

Yeah, you know where the locations are, your constituents know where they are?

CHAIRMAN TONNA:

Well, I know that there's a whole •• my constituents, a lot of my constituents have health care already. The constituents that don't, I would seem to think that those •• they're availing themselves of Social Services and that they're directing them to that.

Now, if we wanted to say there seems to be a problem where people don't have access to this

service, then maybe the Health Department and Social Services together has to identify who are at risk and put together a comprehensive publicity program to make sure that they're going and we could test it by the number of vouchers. You know, if right now we're at •• you know, I'm making up a number •• a hundred per quarter or something.

LEG. CARACCILO:

Per month.

CHAIRMAN TONNA:

Yeah, per month or whatever else and we want to get it up to, you know, a thousand.

LEG. CARACCILO:

And I would submit further that if these statistics are accurate, and I have no reason to believe they're not, then what is the justification for the current mammography van and the cost associated therein?

CHAIRMAN TONNA:

That's my point.

LEG. CARACCILO:

Well, we're talking about we shouldn't have a new van, then why do we even have this program? And I'd like the Health Department to respond.

CHAIRMAN TONNA:

Well, we've moved, Legislator Caracciolo, almost the full extreme, from one to the other.

LEG. CARACCILO:

Not yet, not yet, not yet.

CHAIRMAN TONNA:

I want you to know, this is earth shaking revelation for me.

LEG. CARACCILO:

I'm listening but I'm not there yet. But, you know, I mean, should this program be defunded?

DEPUTY COMMISSIONER HARRINGTON:

Well, Dr. Dillon?

DR. DILLON:

You have a couple of options. We could use a new fixed mammography unit in the Coram clinic. I would recommend that it be a digital for several reasons; the digital technology is the wave of the future, you're also not using the film image which entails a lot of silver, a lot of process wastes and then you can't keep that film forever, it will degrade, digital gives you many more options. We could actually employ a regular transport van to bring people to the clinics or bring them to the contract radiologists.

LEG. CARACCILO:

Okay, those are two ••

CHAIRMAN TONNA:

Good options.

LEG. CARACCILO:

•• good options. Now, why haven't they been advanced? Have they been advanced internally and made policy or do we have to pass legislation to make it policy?

DR. DILLON:

I can bring that back to the Health Commissioner and ask him to address it.

CHAIRMAN TONNA:

Well, maybe the point is •• and Legislator Caracciolo, maybe we could table this?

LEG. CARACCILO:

I have no problem tabling it until we get more information.

CHAIRMAN TONNA:

Right. And then we would like to see a plan, because obviously there's a need out there, we all know that. So we would love to see the Health Department, you know, dream up a plan that says this is how we're going to do this and this is how we're going to maybe replace the need

that is very much there which is to make mammograms accessible to people who, you know, are at risk, who need them, who are Medicaid population so that our County costs don't go up, you know, all of those different things, and we can improve the general health of the County.

LEG. KENNEDY:

Mr. Chair?

LEG. CARACCILOLO:

Yeah. And if I can get an answer to my second question which was do we need a mammography van, mobile mammography van at all? We're putting more money into the exiting van which is aged, which has had numerous mechanical failures and breakdowns and it's not serving the purpose for which it was originally intended; do we need it?

DR. DILLON:

Well, that's a good question. Because the mammography that's mobile is not going to be the same high quality that a fixed unit will be.

LEG. CARACCILOLO:

Right.

DR. DILLON:

And now you are going to have a time delay from the time that an image is not clear or is questionable, now that woman is going to have to go to a fixed unit. The radiologist is basically going to have to repeat the whole study to figure out what area of the breast is in question. So you are asking good questions, maybe it is time to ••

LEG. CARACCILOLO:

Well, you're the expert; do we have an answer?

DR. DILLON:

Well, I don't want to speak on behalf of our Health Commissioner, but I think if we come back at the next meeting ••

CHAIRMAN TONNA:

How about this, Doctor? As a physician, okay, independently of your position, would you employ

a mobile mammography van as a practice, as a best practices practice for •• you know, if you were running your practice?

DR. DILLON:

No. Even in the hospital, we always try to avoid mobile equipment. For example, even with chest x•rays, we prefer the patient go to the fixed unit in the radiology department, not using the portable machine that we use in the ER; it does give a different quality of image.

CHAIRMAN TONNA:

Does that help answer the question?

LEG. CARACCILO:

It does, but I think we still need a needs analysis to determine whether or not there is an unserved population that will only avail itself to a mobile van as opposed to going to a fixed site. If that determination is, you know, everybody, if you want a mammography you go to a fixed•site, that's fine provided we have sufficient sites geographically located around the County.

CHAIRMAN TONNA:

Correct. I agree with you, let's look at that.

LEG. CARACCILO:

And I'd like to request that list today from the Health Department, County•wide, of where all of the positions are located in addition to the five County fixed•sites.

DEPUTY COMMISSIONER HARRINGTON:

We can get that, Legislator. The only thing I would caution you is, again, the radiologists who are doing it, the people are coming in through the health centers, they're not just showing up at the radiologist's door, they come in through us •• we refer them out, in other words, we channel the people from our centers.

CHAIRMAN TONNA:

Well, maybe there's something that we can do that we can directly, you know, with every Medicaid patient, women over 18, I don't know, whatever it is, I guess it's 35 and over,

whatever that •• that that be part of, you know, you put something where bang, a letter goes out and says, "Here are the places, call for your voucher," and you get it. So I think Legislator Caracciolo has made a good request. Legislator Losquadro and then Legislator Kennedy.

LEG. LOSQUADRO:

Thank you, Mr. Chairman. I know we have seemed to go off in a different direction here, but I just wanted to point out one thing that was a bit of an inconsistency here. John, the presentation you made, you specified the difference in cost between an analog van and a van with digital equipment; is that correct?

MR. ORTIZ:

It's about \$300,000 more.

LEG. LOSQUADRO:

Right. Well, my point being is you were able to ascertain the cost of mobile digital equipment, correct?

MR. ORTIZ:

Correct.

LEG. LOSQUADRO:

Why is it that the Health Department told us that digital equipment was not available for mobile technology the last time this was presented to us? Do you recall that, Legislator Caracciolo?

LEG. CARACCILOLO:

I wasn't here but I did hear that from others and I think that's why Mr. Ortiz did the research he did, to verify whether or not it was possible to put it in a mobile van.

MR. ORTIZ:

Perhaps the issue ••

LEG. LOSQUADRO:

It seems like this information was readily available, was it not?

MR. ORTIZ:

It wasn't, I had to do a lot of research to find the five existing digital vans in the country.

LEG. LOSQUADRO:

Fair enough. And I just want to point out, as I did in an earlier committee meeting, and I appreciate, Doctor, your comments on digital, but it's certainly not the wave of the future; it is current, it is the technology today.

DR. DILLON:

Okay.

LEG. LOSQUADRO:

And I believe anything that we do on this vain should be using that current technology, we should not even be considering anything in the analog field. So I just wanted to point that out. And thank you, Mr. Ortiz, for obviously your dedicated research on this.

DEPUTY COMMISSIONER HARRINGTON:

If I could just comment and say that we don't have digital in any of the health centers yet.

CHAIRMAN TONNA:

Right.

LEG. LOSQUADRO:

You should.

DEPUTY COMMISSIONER HARRINGTON:

And so •• well, we've not had the money. That's why we're asking you now because we're building and ready to open the Coram one and so it would be an opportune time to install it, if that would be your desire.

CHAIRMAN TONNA:

Well, I'm sure the Brookhaven Legislators will get right on that. Legislator Kennedy?

LEG. KENNEDY:

Thank you, Mr. Chairman. Most of the questions, I guess, that I had in the start of this discussion have been answered, but I would echo Legislator Caracciolo's request as far as provider sites. Certainly in my district I know it would be helpful, any information I would like to be able to get out to my constituents. Also, just parameters associated with the program. I am unfamiliar at what minimum age is in order for a woman to go ahead and participate.

Also, I would presume •• in one respect I'm distressed to hear that we don't have the current technology in our health centers. And as a matter of fact, particularly out in the Riverhead Center I'm fairly familiar with and I know it's utilized extensively by the north and south fork by a variety of populations.

The contract providers. The contract providers, is that an element of the contract, that they have digital equipment in order to be an enrolled provider?

DEPUTY COMMISSIONER HARRINGTON:

I would have to check on that, Legislator, but I don't believe so. And in fact, digital is not as prevalent in Suffolk County as one might hope.

LEG. KENNEDY:

Then I guess I would ask Doctor •• I'm sorry, Doctor, I didn't get ••

DR. DILLON:

Dr. Dillon.

LEG. KENNEDY:

Okay, Doctor. Again, kind of just in your capacity as a physician with knowledge in this area, do we •• is that something we should be insisting on as a body of contract providers, we don't forfeit?

DR. DILLON:

No, not yet. The reason I would say no is actually the difference between the two comes into play when you're storing the images for the future. When you're storing actual films, they're heavy, they're bulky and they degrade over time. And what happens is most people have an incentive to turn these over, you turn them over to companies that will then pull the silver out of them and remanufacture the film.

LEG. KENNEDY:

I know about film, yeah.

DR. DILLON:

And so there's only a law as to how long you need to keep them. If you have digital, you're going to have a data tape that really you can store forever and also you can hand the person a copy of the tape.

LEG. KENNEDY:

I would presume for diagnosing purposes, the ability to go ahead and do comparisons with historicals?

DR. DILLON:

The diagnosing is pretty the same. You're really not going to see a big difference in the diagnosing ability, it's the storage of the image for future use.

LEG. KENNEDY:

So the films, though, have a life, I guess, that's use•for•life then.

DR. DILLON:

Oh, yes, yes.

LEG. KENNEDY:

Again, I guess I would just question, if there's some research being done as far as where the program is at, I would wonder whether or not that's a criteria we at least solicit from a provider as to, you know, whether or not they're digital or analog.

CHAIRMAN TONNA:

Right.

DEPUTY COMMISSIONER HARRINGTON:

I don't think that we do and I don't think that we can at this point because I know like in Riverhead, I don't think there are any digitals in the private ••

LEG. KENNEDY:

You mean in the community of Riverhead itself?

DEPUTY COMMISSIONER HARRINGTON:

In the private •• correct. So it's just not as prevalent as one might hope here in Suffolk County. Stony Brook has it, but a lot of places don't.

CHAIRMAN TONNA:

The other problem, if you would suffer an interruption, Legislator Kennedy.

LEG. KENNEDY:

Yes, please.

CHAIRMAN TONNA:

Is that from what I understand, the quality. It's not the issue of the quality. The quality issue is one where you have a radiologist who can read the film when a patient is right there and be able to say, "Look, I see something and I need another view of this," or whatever else, that's a real quality issue.

The other issue with regard to digital, though, is that if we were to require that, we would then limit, you know, our network of places. But I think on the other hand, I think Legislator Kennedy's point of at least soliciting that information so that we can have a sense of that information and stuff like that, that would be probably a good thing.

LEG. KENNEDY:

Thank you, Mr. Chairman. Just one other aspect, I guess. So once again, the digital, it's conceivable the image can be taken and then electronically transferred to a radiologist who may not necessarily physically have to be there where the test is being administered; is that it?

DR. DILLON:

Yes, that's correct.

LEG. KENNEDY:

Okay.

DR. DILLON:

And the gentleman had mentioned before having an analog that could be scanned basically and converted to a digital image; I don't believe that has FDA approval and I don't believe that's an avenue that will work in the long run. Because I don't know if anyone ever has had the experience here, but when you go to see your referring physician, they want your original x-rays, they don't want the duplicate copy because in the process of duplicating you always lose some clarity.

LEG. KENNEDY:

Okay. Thank you very much, Doctor. Thank you, Mr. Chair.

CHAIRMAN TONNA:

Legislator Caracciolo.

LEG. CARACCILOLO:

Thank you, Mr. Chairman, for your precious insights since you have experience in this field. And let me request from the Health Department right now a breakdown of all those fixed locations where we provide mammography screenings for County residents, either health clinics or otherwise, and the type of equipment that they use. Because one of the major issues here were the redos ••

DR. DILLON:

Yes.

LEG. CARACCILOLO:

•• and if we're redoing because we're using analog, I'm assuming there's a similar rate at these private offices as well.

DR. DILLON:

In general, private offices tend to lease their equipment. Mr. Tonna will know more than I will, but they tend to lease it and they will turn them over to new machines every few years, and each year they come out with a newer, better, more accurate machine. And it's not exactly the difference between analog and digital, the question is how old is your machine. And I think

we've all experienced that with our xerox machines, the newer machines are always a little bit better than the one that we had on the previous lease.

CHAIRMAN TONNA:

More functionality, quicker, you know, things like that.

LEG. CARACCILO:

And what are their life expectancies, typically?

DR. DILLON:

That I do not know. Mr. Tonna, do you know?

CHAIRMAN TONNA:

I'm going to tell you it's very hard with the mammography units to say that because the Federal regulations keep changing. And so we were caught, for example, in putting one in our Centereach office and three weeks later the Federal government passed a law and made it obsolete, a brand new unit. So, you know, these are the type of things that happen. That's why volume is so key. In a radiological office, you're talking about large volume they're doing so that they can recoup, you know, their capital costs or their payments pretty quickly. It doesn't •• when you're doing 400, you know, or a hundred a month is it, 111 a month, you know, to tell you quite honestly, I'm sure •• I'm surprised that you're even able to make the quality assurance, you even have samplings for your quality assurance issues with that amount of, you know, mammograms being performed. So it's •• you know, my sense is is that things are moving pretty quickly that way.

LEG. CARACCILO:

All right. Just keep in mind with respect to these statistics that this is an operation, the mammo van current operation has been down more than it's been up.

CHAIRMAN TONNA:

Yes, right.

LEG. CARACCILO:

So that's why these numbers are skewed.

CHAIRMAN TONNA:

Well, one of the things that I would ask, Legislator Caracciolo requested the current list, I would love to see an overlay of the current list versus the radiological offices in areas and then ask the question why aren't they participating. You know, because, for example, if there's a huge gap in Southampton or in Manorhaven or, you know, out in Greenport and there is just nobody there, then, you know, I'd say hey, maybe there is something with regard to either a unit that's going to pick them up and drive them or that you have to have a unit. But I'd love to see the overlay. So if we don't have places and there are radiological offices in those places, in those areas, then I think we need to look at recruiting them before we start talking about, you know, doing anything else. So that would help us. I know it's a little work, but I think in the long run it would be very beneficial to the residents of Suffolk.

LEG. CARACCILOLO:

Thank you, Mr. Chairman. I think this has been very informative for everybody and ••

CHAIRMAN TONNA:

Thank you for the time and thank you for, you know, taking the energy. Thank you, Mr. Ortiz, for taking the energy to really •• you know, to explore this issue.

LEG. CARACCILOLO:

Okay. And I will follow•up with correspondence to Dr. Harper requesting further information. Thank you.

DR. DILLON:

Thank you.

DEPUTY COMMISSIONER HARRINGTON:

Thank you.

CHAIRMAN TONNA:

Okay. Next I'd like to call Martha Kahan. Martha, are you around?

MS. KAHAN:

Yes.

CHAIRMAN TONNA:

Hi. How are you? I think there was a request for a discussion with regard to Eastern Suffolk BOCES.

MS. KAHAN:

Yes, thanks.

CHAIRMAN TONNA:

Great. Thank you.

MS. KAHAN:

Good afternoon. Hi. Good afternoon. Thank you for the opportunity to appear before you today. My name is Martha Kahan, I am the School Liaison for the Learn•to•be•Tobacco•Free School Health Education Initiative. During the past few years I have had the pleasure of meeting with some of you or your aides individually. Additionally, you have all received copies of the 2004 year•end report summarizing this initiative. Today I'm pleased to appear before you to update you on our activities since Eastern Suffolk BOCES Student Assistance Service was awarded our contract in May, 2002.

LEG. FOLEY:

Excuse me. Mr. Chairman, can we have the attention of the committee on this? It's a very important program we're getting a presentation on. Thank you.

MS. KAHAN:

As you may be aware, the Suffolk County Department of Health Services Tobacco Control Program follows the U.S. Centers for Disease Control and Prevention's Best Practices and consists of four components; community adult cessation, enforcement, counter marketing and school health. It is this last component which is the responsibility of Eastern Suffolk BOCES to fulfill.

One of the primary reasons BOCES was selected as the contract agency was due to our longstanding involvement with Suffolk County school districts. Currently, there are 24 Student Assistance Service counselors placed in 15 school districts and two BOCES sites; as such, we are the largest substance abuse prevention program in Suffolk County. Nicotine has been

shown to be the number one gateway drug and, therefore, prevention of tobacco use among children and adolescents has been a high priority for our program historically. It was natural for us to want to be considered for this uniquely progressive opportunity.

The four components of our Tobacco Program, also based on CDC's Best Practices, include the implementation of a comprehensive health curriculum in grades Kindergarten through 12, the establishment of smoking cessation and alternative to suspension programs for youth already using tobacco products, and assistance in strengthening existing district•wide tobacco policies. At the suggestion of our advisory board, we have expanded our focus to include the development of youth empowerment activities as well.

I will now provide you with a summary of the activities in each of these areas beginning with prevention. Although the funding for the Learn to be Tobacco•Free Program is provided by the Tobacco Settlement Agreement, CDC recommends that the most effective way to prevent tobacco use and addiction is to implement a comprehensive health curriculum. We conducted a national search and discovered a state•of•the•art curriculum entitled HealthSmart which was created by highly experienced prevention specialists, two of whom sat on the committee that developed the National Health Standards in 1995. HealthSmart has been carefully constructed based on prevention science evidence that identifies characteristics of effective health education programs. Moreover, it meets or exceeds the national and New York State Standards for Health Education and addresses the six areas of risky behaviors identified by CDC that are known to cause morbidity and mortality among adolescents. These behaviors include tobacco use, alcohol and other drug use, behaviors that result in intentional or unintentional injury, unhealthy dietary patterns, insufficient physical activity and behaviors that result in infectious disease.

Parent letters and activities are woven in throughout the curriculum. To date we have trained approximately 1,000 teachers from 34 districts, 13 BOCES sites and two private schools. Feedback we have received from teachers using the program and parents has been overwhelmingly positive. I am happy to share a list of participating school districts with you which I will distribute at the conclusion of these remarks. If you would like additional information about the status of school districts within your Legislative District, I would be happy to meet with you at your convenience. Also in your packet is a template letter that you may adapt if you wish to invite non•participating districts to learn more about how they may take advantage of this opportunity. Finally, I've included a flier announcing our next HealthSmart

training which will be held on July 12th. You are more than welcome to come for part or all of the day to learn more about the curriculum and observe teachers as they are trained.

We are so proud to make this curriculum available to school districts where health is often a low priority due to the tremendous academic and financial pressures placed on them. Teachers are able to offer a weekly health lesson beginning in Kindergarten through the 6th grade followed by one semester courses in middle and high schools. In addition to information and skills, the classroom becomes an opportunity to change peer norms and provide a forum for building health literacy from a very early age.

ETR Associates, the publisher of the HealthSmart curriculum, is in the process of applying to the National Institutes of Health to fund a longitudinal study to assess the long-term behavioral changes resulting from the program. We have been in discussion with the publisher about participation in this analysis which will be tracking tobacco use, use of alcohol and other drugs, physical activity patterns, dietary patterns and injury rates. Our participation in this program has the potential to be of national significance.

We recently had an opportunity to collaborate with the New York State Department of Health on a skin cancer prevention program entitled SunWise. This K-8 curriculum was developed by the Environmental Protection Agency and meets the New York State Learning Standards. Teachers who had already been trained in HealthSmart were offered this supplemental training and all materials at no charge. In addition, each teacher received a beach bag along with hats, sunscreen and sunglasses for each child in her classroom.

Forty participants from 15 school districts and Eastern Suffolk BOCES were in attendance. In addition, Legislator Vivian Vilorio-Fisher addressed the group and informed the audience about proposed legislation to restrict adolescents' access to tanning salons. The training was also timely because May was Melanoma Awareness Month.

Smoking Cessation.

CHAIRMAN TONNA:

Could I ask you, do you have a copy of your written statement?

MS. KAHAN:

Yes.

CHAIRMAN TONNA:

Because we all read. I'm just •• you know, if you could get to the •• because we could maybe ask you a question or something.

MS. KAHAN:

Yes.

CHAIRMAN TONNA:

If you could get to some of the stuff, all right?

MS. KAHAN:

I just have a brief summary of the remaining portions, I'll read even faster.

CHAIRMAN TONNA:

Perfect. Thank you.

MS. KAHAN:

Okay. Smoking Cessation. Training in two programs, N•O•T and TAP, Not•on•Tobacco and Tobacco Awareness Program respectively, have been provided to secondary school personnel and community agency staff. These programs allow young people who are using tobacco products to voluntarily seek out help to stop. In 2000, when the Department of Health Services surveyed 94 middle and high schools in the County, we learned that approximately 50% of students who use tobacco products want to stop, but only about 10% have access to smoking cessation programs. We make those programs available to schools so that young people can access help more easily.

In addition, we encourage districts to adopt the "alternative•to•suspension" components of these programs in order to move away from a punitive approach to policy violations toward an educational one using the Transtheoretical Model of Change. To date we have trained approximately 70 staff from 32 schools and agencies in these two programs. Again, a list of these districts will be available to you.

Policy. We have recently contracted with the Long Island Student Support Services Center, an arm of the State Ed Department, to fulfill this segment of our contract. The center has been working this year with eight school districts to assess their existing policies and consult with teams of school personnel to improve them so that they are in compliance with the State's rubric. In addition, we have distributed over 500 aluminum signs that state, "Welcome to our tobacco•free zone" and 38,000 resource cards that may be distributed at school functions stating that school policy as well as resources tobacco users may access to help them quit.

Youth Empowerment. We have held a middle school and high school youth empowerment conference for the past several years with extremely positive results and feedback. Unfortunately, we were forced to turn away many districts from our conferences as the result of the overwhelming response. These districts have been placed on a waiting list for next year's conferences. In addition, our Advisory Board youth members' idea to develop a website for young people who need help to quit using tobacco products was launched in conjunction with the Tobacco Action Coalition of Long Island. (The path for this site is www.dropthebutts.org).

Our musical comedy review entitled "Hey Kids! It's Time to Butt•Out" has been performed approximately 30 times since Labor Day, 2004, most recently at Legislator Foley's press conference announcing the implementation of "Tobacco 19". Future plans include partnering with Five Towns College to develop a traveling troupe of college performers who can visit high schools and middle schools with this tobacco•free lifestyle message.

In summary, the School Health Education Initiative was initially conceived as a small project targeting a handful of districts. As word quickly spread about what we were offering, interest exploded. We have far surpassed the reach we anticipated and continue to hear from districts that want to participate. School districts we have met with and trained have placed their trust in us based on the commitment to tobacco control we were informed exists in Suffolk County.

I have asked Legislator Foley to consider sponsoring a bill that would guarantee that 20% of our County's annual MSA dollars go to the continuation of funding the Learn•to•be•Tobacco •Free Program; 20% is what the U.S. CDC recommends for effective tobacco control programs. At present, only about 10% of the MSA money goes to this program with the remainder going to the County's General Fund. As you know, the County's award winning program has been threatened twice in recent times. Such legislation would continue to show that Suffolk County

is a leader in the area of tobacco control and makes sound financial choices because research shows that every dollar spent on prevention and cessation today will ultimately save \$3 on treating tobacco related diseases in the future. Thank you for your continuing support of the work we are doing to keep our children safe and healthy. I would be happy to answer any questions you may have about the program.

CHAIRMAN TONNA:

Thank you. Any questions? Okay, I just •• just one.

LEG. FOLEY:

An observation.

CHAIRMAN TONNA:

No time for observations right now. Okay, just a question. Even though it's Eastern BOCES, you're open to Western BOCES also, right?

MS. KAHAN:

That is correct.

CHAIRMAN TONNA:

What is it, five school districts in Western BOCES?

MS. KAHAN:

There are a total of 72 school districts in Suffolk County whom we serve, yes.

CHAIRMAN TONNA:

Yeah. But you have, what, 56 of them?

MS. KAHAN:

We have 54, right.

CHAIRMAN TONNA:

Fifty•four. Okay, great, so it's open to every ••

MS. KAHAN:

But Eastern Suffolk is ••

CHAIRMAN TONNA:

How many Western BOCES, Western Suffolk BOCES school districts were participating?

MS. KAHAN:

Without looking at my notes, I don't know.

CHAIRMAN TONNA:

Yeah, just generally. I mean, were they participating as ••

MS. KAHAN:

We have Amityville, Brentwood, Bay Shore; I'll give you each a list of the schools that are participating.

CHAIRMAN TONNA:

Okay, great. Thank you. Yes, Legislator Foley.

LEG. FOLEY:

Thank you.

CHAIRMAN TONNA:

I'm glad to hear it was at the press conference of the issue with tobacco control, I was afraid it might have been in the announcement of the Brookhaven Supervisor race.

LEG. FOLEY:

Well, that will be a future announcement I think, in the imminent future.

CHAIRMAN TONNA:

Oh, okay.

LEG. FOLEY:

I had asked •• and I want to thank the chair for inviting representatives from Eastern Suffolk BOCES to be here today. I had asked that they would give a presentation because, as the

Chairman well knows, those of us who have been, let's say, the acknowledged champions of tobacco control programs will be leaving this Legislature, and what's really important here is that these programs continue well after our time in the Legislature.

And as Martha just mentioned a few moments ago, over the last several years we as a Legislature, on a bipartisan basis, had to amend into the operating, the proposed Operating Budget tobacco control programs. So what we're trying to do today and was done years back when we first came on the Legislature where advocates for public health programs in the mid 1990's, we're trying to ensure that the programs that we have developed over a period of years will continue after our time in the Legislature. And I can't think of one that's more important than this approach which, by the way, is a national model of local governments using the expertise of local educational organizations to develop a premier tobacco control program and educational curriculum that will help us to fight big tobacco.

All we need to do is look at Newsday the other day, there was a full page article of how big tobacco cynically has manipulated marketing approaches to attract teenage girls and young woman to smoke and we know that this battle is going to long •• will be for the next 50 to 100 years.

With that said, this program, Mr. Chairman, needs to continue in the future. I hope that the County Executive will have this in his proposed operating budget come the middle of September. But I thought it was important to lay it out on the record today so that our committee will be ready to do what needs to be done to make sure this program continues in the years ahead.

CHAIRMAN TONNA:

That's great. Thank you very much. And thank you. You know, it's always great to hear things are working really well, so that's great. Good work.

MS. KAHAN:

Thanks for your time. Thank you.

CHAIRMAN TONNA:

Please tell the people in your program. Thank you.

Okay. Deputy Bureau Chief Caputi, we're going to do from bill to bill, right, so you can come up, instead of giving a presentation on the four bills that you want to discuss, when we get to it you'll give your •• is that ••

MS. CAPUTI:

That's fine, yes.

CHAIRMAN TONNA:

So come on up and we'll go from there. Okay, I just had one question prior to that from the Health Department. I know that there was a bill that was passed by the Legislature last meeting with regard to the Gallop poll. Could I just ask you, you haven't issued •• I don't think there's been a vetoed yet, I think you have one more day, but I would be very interested to find out •• where is the Health Department? There we go. Who wants to •• Ben, you want to talk about it?

MR. ZWIRN:

I can find out.

CHAIRMAN TONNA:

Well, this is •• you know, I know Nancy Reagan made a great marketing campaign about just say no, but I just don't want the County Executive to have the same campaign marketing when it comes to us signing a contract. You know, so I would appreciate very much, you know, it will be overridden if not, so we would like those contracts signed. You know, I don't have anything against Gallop poll, but I think, you know, maybe the County Executive just needs to be reminded that you can't manage unless you measure.

MR. ZWIRN:

Right. I think he •• I don't want to get into a long debate now, I'll bring that message back, but I think his concern was that because the other parts of the program didn't go forward, that the Gallop poll might not be as helpful because, you know, there's not much to examine.

CHAIRMAN TONNA:

Well, you know, there's a bill, he's either going to veto it or not; if not, you know, he better sign

those contracts. Okay?

MR. ZWIRN:

Okay.

LEG. FOLEY:

Mr. Chairman?

CHAIRMAN TONNA:

And then after we override it, if he wants to veto after we override it, then he better sign those contracts and we're going to hold him accountable in this committee.

LEG. FOLEY:

Mr. Chairman, if I may, just a follow-up?

CHAIRMAN TONNA:

Yes.

LEG. FOLEY:

Thank you, Mr. Chairman. As you know, both the chair and I were cosponsors of the legislation and I know the County Executive, one of the hallmarks of his administration that he ran on and has also expressed over a period of time, it's just that very point which was to manage by results and also to, let's say, gauge what those results are. And one of the most important ways one can, let's say, ascertain those results is through a survey, surveys that have been done with other municipalities as Gallop has done elsewhere. So it's extremely important methodology to gauge the effectiveness of a program by having an evaluation of the program. And the methodology that Gallop has put together they've used in other municipalities before coming to Suffolk County. So it really would be a very effective tool to move forward with fine tuning what is already considered a national model. And while there may not be the full complement of let's say units to that overall tobacco control program, there are enough elements within that overall program that can be evaluated using this particular methodology of a survey through Gallop.

So I would hope that the County Executive would move forward in this respect to support that

poll because it goes simply beyond counter marketing. His initial •• and it was a good initial concern that he had, he had thought that originally the evaluation would only be on the counter marketing program, but we made clear in the resolution, as the chair had it drafted, that it would be an evaluation of the whole program. So the initial concern, quite rightly, that the County Executive had that it was narrowly focused in one area which really hasn't moved forward, it is now going to evaluate the whole program. That being the case, I think his initial concern has been met and that he could go forward with the survey as outlined within the resolution.

CHAIRMAN TONNA:

Okay.

LEG. FOLEY:

Thank you.

MR. ZWIRN:

I will certainly bring that message back today.

CHAIRMAN TONNA:

Since you're here, I was going to save it for the end of •• maybe you could also communicate. I notice that the Chairman of Social Services ••

LEG. BINDER:

Commissioner.

CHAIRMAN TONNA:

Commissioner of Social Services is here and I appreciate that. I have been chairing this committee for many years and I don't know why the Chairman or the Commissioner of Health is not here. It's been a couple of weeks, maybe •• I know he's busy, so are all of us. And I find it a little disconcerting to say, "Well, we've got to get back to the Commissioner and he's going to get back to us." We've always been kind of an on•hands committee, as I'm sure the Commissioner of Public Works shows up to Legislator Binder's meetings; I'm sure the Police Commissioner, right, he shows up to Public Safety, yes?

LEG. O'LEARY:

On occasion.

CHAIRMAN TONNA:

On occasion? Well, you know, I'm sure the Chairman of Public Safety will take that up with him. But generally speaking, I think it's important for that _rapprochement_ (sic) to take place to have actually the decision makers, you know, at the committee meetings.

MR. ZWIRN:

I think he's been fitted for a new helmet so I think he probably will be back.

CHAIRMAN TONNA:

Yeah, well, you know •• well, that's a concern; if you can't take the heat then get out of the kitchen.

MR. ZWIRN:

No, he'll be back.

CHAIRMAN TONNA:

So, you know, you're supposed to be able to ask questions and get honest responses and to be able to, if he doesn't have an answer, get back the next meeting or something. That I think is part of the •• and I know we insisted on that, we absolutely insisted on that when Gaffney was County Executive.

LEG. BINDER:

Yes.

CHAIRMAN TONNA:

And all of sudden •• I mean, I can't think of a Commissioner more than Wingate who was taking probably daily, you know, grenades. So if Commissioner Wingate could sit there with a smile and take the questions, you know, back and forth, then I'm sure that Dr. Harper can do the same. Thank you.

Okay, let's go on to the agenda. Introductory Resolutions, No. 1450.

LEG. BINDER:

Whoa, whoa.

TABLED RESOLUTIONS

CHAIRMAN TONNA:

Sorry, sorry, sorry. Okay, here we are, Tabled Resolutions with regard to **1065•05 • Adopting Local Law No. 2005, a Local Law to regulate the use of tanning facilities in Suffolk County (Viloria•Fisher).**

LEG. BINDER:

Motion to table.

CHAIRMAN TONNA:

Motion to table. Is there a second?

LEG. O'LEARY:

Second.

CHAIRMAN TONNA:

Second to table No. 1065, this is tanning salons. All right, I think this is going to ••

LEG. FOLEY:

On the motion.

CHAIRMAN TONNA:

On the motion.

LEG. FOLEY:

Mr. Chairman, I would hope that we could approve this resolution. Legislator Viloria•Fisher has worked on this for a number of months, has worked with a number of advocacy groups, has really fashioned and put a lot of thought into a resolution that is addressing one of the major causes of cancer in the country and in the County regarding the skin cancer.

CHAIRMAN TONNA:

Right.

LEG. FOLEY:

So I would hope that we could approve this bill. Not only was it the first out of the box, so to speak, but she also made •• put together a very thoughtful piece of legislation that I would hope would be reported out of committee.

CHAIRMAN TONNA:

Okay. So there's going ••

LEG. FOLEY:

So there's a motion to approve.

CHAIRMAN TONNA:

Yeah. Well, let's •• there's a motion and I'll second the motion to approve. All right, the motion to table takes precedence. All in favor? Opposed? I'm opposed to tabling.

LEG. FOLEY:

Opposed.

LEG. MONTANO:

I'm opposed to tabling.

CHAIRMAN TONNA:

Okay. So we're back to where we were. All right, ***it's tabled (VOTE: 3•4•0•0 Opposed: Legislators Tonna, Foley & Montano).***

1072•05 • Directing the Commissioner of Health Services to purchase a replacement mammography van (CP 4076) (Caracciolo). I'm going to make a motion to table, seconded by Legislator Binder. All in favor? Opposed? ***Tabled (VOTE: 7•0•0•0).***

1282•05 • Amending the 2005 Capital Budget and Program and appropriating funds in connection with a Methadone Maintenance Information System (Viloria•Fisher). I'm going to make a motion to approve.

LEG. FOLEY:

Second.

LEG. BINDER:

Mr. Chairman?

CHAIRMAN TONNA:

Okay. On the motion?

LEG. BINDER:

There was supposed to be information.

CHAIRMAN TONNA:

Yeah, there was a guy ••

MR. COHEN:

Terry McLeod.

CHAIRMAN TONNA:

Where is he, is he still here? Hey, Terry. Come on up. He came up and filled out a card to answer any questions that you had with regard to the PEZ dispenser.

LEG. BINDER:

The PEZ dispenser.

CHAIRMAN TONNA:

Thank you very much.

LEG. BINDER:

Does it look like a PEZ dispenser and does it have one of those character faces on it?

CHAIRMAN TONNA:

I actually met somebody who actually collects pez dispensers, can you believe that? That was like their thing. Very interesting. Anyway, go ahead, sir.

MR. McLEOD:

Actually the computer system is actually attached to a pump that dispenses liquid methadone and it's a very accurate actual medical device.

LEG. BINDER:

Right. My question last time was ••

CHAIRMAN TONNA:

Do you have a picture?

LEG. BINDER:

•• why do we need to purchase a mechanical system when really one person can put a needle into a dispensing bottle, put the needle in to draw the liquid with a syringe, draw the amount by looking at it and do what has to be done and move on to the next person. It doesn't seem •• you know, just throw out the needle and move on to the next syringe. I'm just •• I wanted to understand the savings we were going to get by mechanizing this.

MR. McLEOD:

Right. I think that ••

CHAIRMAN TONNA:

It's an oral, right? It's oral, isn't it?

MR. McLEOD:

Yeah, it's oral.

CHAIRMAN TONNA:

This is not something that's injected.

MR. McLEOD:

Oh, no.

LEG. BINDER:

Now it's oral, okay. Because the last time we were here, I have to tell you, the last time we were here the discussion from the Health Department, they were saying that this was an injection system, that they were going to inject the correct amount because they had to measure. The whole thing was we have to do this quickly because it was •• I have to tell you, this is exactly what was said and I could get the transcripts, even if I hear no and moaning on the other side. What was said was that this is a dispensation system, a dispensing system where they had to measure the exact dose.

MR. McLEOD:

Right.

CHAIRMAN TONNA:

I'm with you so far.

LEG. BINDER:

And the problem was that if there were a number of people going through, measuring the dose was •• it was difficult for, you know, for it to be dispensed.

MR. McLEOD:

I see.

LEG. BINDER:

Why; maybe explain to me what the system is.

MR. McLEOD:

Yeah.

CHAIRMAN TONNA:

Do you have a picture for Legislator Binder?

MR. McLEOD:

Yeah, can I bring this up to you?

CHAIRMAN TONNA:

A picture speaks a thousand words.

LEG. BINDER:

A picture would probably work, right.

CHAIRMAN TONNA:

A picture speaks a thousand words.

LEG. BINDER:

I just needed last time a justification on how we were going to save money by spending money.

MR. McLEOD:

Yeah.

LEG. BINDER:

Well, hang out, don't speak until you get back by a microphone. Let me just take a look while you're ••

MR. McLEOD:

Here's the software that we're talking about.

LEG. BINDER:

Why don't you go to the mike.

LEG. LOSQUADRO:

It's not a pez dispenser, it's a coffee machine.

CHAIRMAN TONNA:

Yeah, it's an oral. They're not injected.

LEG. LOSQUADRO:

Does thing make cappuccino?

LEG. BINDER:

We were looking at the picture and it generally looks like a cappuccino maker dispenser, but it probably isn't.

MR. McLEOD:

No. You know, early on in the game, I've been selling these systems since about 1991; not this particular system because it's brand new and it is the current state•of•the•art. But we were going to dispense wine at a conference which, hey, this is a substance abuse treatment conference so it's probably not a good idea, so we didn't do that.

LEG. BINDER:

Fruit punch probably would have been better.

MR. McLEOD:

But it would have dispensed it very accurately to within one•one hundredth of one percent, that's where the accuracy comes in.

LEG. BINDER:

So you're on the sale side of this, obviously.

MR. McLEOD:

Absolutely.

LEG. BINDER:

Now that I understand who you are, okay.

MR. McLEOD:

Right. I represent the manufacturer and the vendor of the software and we're the folks who connected that particular device to that software and sell it. Essentially, the real value comes in not only in accuracy but also in accounting. There are a number of return•on•investment points. Accounting for methadone can get kind of sticky when you're running through hundreds of different small doses a day and you have to at the end of the day go through all of your accounting and double check. When you're doing this with a computer, you push dispense, it dispenses the exact amount you need and at the same time records that dose, it automatically adds it up at the end of the day so the balancing of your, quote, methadone till, your narcotics till, is much simpler and much faster, so you end up saving some money on some overtime on

folks at Health and Human Services.

LEG. BINDER:

Well, I wouldn't think overtime, they're going to probably do it on their regular time, but maybe Health and Human Services. So now we're talking about an accounting ••

MR. McLEOD:

Yeah, that's one aspect of the system. Another aspect ••

LEG. BINDER:

Wait. There's one ••

CHAIRMAN TONNA:

Jacqueline Best is the Division of Community Hygiene, so maybe she could •• she could give you the on•hand stuff.

MS. BEST:

I'm Jacqueline Best and I do want to say right up front that the Health Department is in support of this. We do have substantial overtime with our nurses, we have 20 budgeted nurses and we spend I'm talking 60, \$70,000 a year in overtime alone to manage the pharmacies. This machine and this system will.

LEG. BINDER:

Well, you say the pharmacies, do you mean just for methadone?

CHAIRMAN TONNA:

Pharmaceutical products.

MR. BEST:

In our methadone ••

LEG. BINDER:

Just for methadone you're spending 60,000 in overtime.

MS. BEST:

We have six methadone programs and we have at the current time two nurses that have to be in the pharmacy at all times to score, to cut, to manually distribute that methadone. And incidents do occur with the medication, we do have a substantial number of medication errors because it's not an easy task to do manually.

LEG. BINDER:

Well, why is that, I'm just curious why there would be an error. I mean, if someone has a file that says they get X amount ••

MS. BEST:

Well, it's human error. We have •• right now we probably have 1,225 patients on our methadone system. When nurses •• and you're talking about 20 nurses, over and over and over again every single day errors happen.

LEG. BINDER:

And the effect of the error, so I can understand?

MR. BEST:

We have been very, very fortunate because not a serious patient incident has occurred, however, I would say it's just a matter of time. Our nurses are also aging, we have •• if you look at the age of the nurses, it's ••

CHAIRMAN TONNA:

And that means they're wiser and smarter and whatever else and that's a wonderful point to bring up so, you know, that would be a really good thing. There we go. All right.

LEG. BINDER:

How much is this, Counsel, do you have it in front of you?

LEG. LOSQUADRO:

Two hundred and four, four ten.

MS. KNAPP:

Oh, the dollar amount?

LEG. BINDER:

Two hundred and four thousand, four hundred and ten.

LEG. BINDER:

Two hundred and four. So you're talking just on the overtime a three plus year ••

MR. BEST:

We'll make it back.

LEG. BINDER:

•• return on this.

CHAIRMAN TONNA:

All right, there we go.

LEG. BINDER:

How long does the machine last? Generally, how long does the machine last?

MR. McLEOD:

I have pumps from the same manufacturer that I sold in '91 still out in the field operating fine.

LEG. BINDER:

Okay.

CHAIRMAN TONNA:

There you go. Yes, Legislator Kennedy.

LEG. KENNEDY:

Right, and I'll direct this to our nursing staff. The piece of machinery then will be loaded by one of our nurses with I guess a larger liquid vile and then it will be individually dispensed and it is actually given by one of our nurses?

MS. BEST:

Yes, it is still ••

LEG. KENNEDY:

How does the methadone get in the machine?

MS. BEST:

It is still dispensed by the nurse, but it is measured and ••

LEG. KENNEDY:

How does it, in gross volume •• how does a large container get into the machine in the first place; you get a jug, a vile, a measured thing?

LEG. FOLEY:

Why don't we go to a clinic and find out? We'll do a field trip.

CHAIRMAN TONNA:

No, I'm sure •• there you go, it's right there.

MR. McLEOD:

All right, the methadone comes in a one•litter bottle, 10,000 milliliters, and the top of the device screws on, it replaces the cap, the bottle is turned upside down, gravity•fed empty, as with each dose.

LEG. KENNEDY:

Fine. No, as a matter of fact, I'm in agreement with the fact that the technology will probably help to go ahead and assist in what is a high pressure position. And any med error is certainly something that we want to try to go ahead and avoid. So I was a little bit unsure at first, but now having been told what the equipment is, I think it, you know, makes a lot of sense. The next question I'll ask you is is this a piece of machinery •• how many methadone sites do we maintain, five, six?

MR. BEST:

We have five sites but there are six programs.

LEG. KENNEDY:

Okay.

MS. BEST:

One of our sites also runs in the evening to serve young adults.

LEG. KENNEDY:

Is one pump going to go ahead and dispense and then doses will be put amongst the networks, or is this machine ••

MR. BEST:

There will be a machine in every site.

LEG. KENNEDY:

So we're going to have six machines. Okay. Thank you.

LEG. LOSQUADRO:

Fine.

CHAIRMAN TONNA:

Okay, thank you very much.

LEG. FOLEY:

Thank you.

CHAIRMAN TONNA:

Okay, I'm ••

LEG. FOLEY:

Motion.

CHAIRMAN TONNA:

There's a motion I think already.

MS. JULIUS:

Yes.

CHAIRMAN TONNA:

And a second, right, by myself and whatever. And a second by ••

MS. JULIUS:

Foley.

CHAIRMAN TONNA:

Foley. All in favor? Opposed?

LEG. BINDER:

Abstain.

CHAIRMAN TONNA:

Legislator Binder abstains. ***Approved (VOTE: 6•0•1•0 Abstention: Legislator Binder).***

Okay, there we go.

1293•05 • Adopting Local Law No. 2005, a Local Law to regulate the use of tanning facilities for minors in Suffolk County (Binder).

LEG. BINDER:

Motion to approve.

CHAIRMAN TONNA:

Okay, there's a motion to approve. Is there a second?

LEG. O'LEARY:

Second.

CHAIRMAN TONNA:

Second by Legislator O'Leary. Okay. All in favor? Legislator •• let me guess. All right, I'm closing my eyes and I bet you it's Kennedy, O'Leary, Losquadro and Binder, okay. And those who are opposed, Legislator Foley, Montano and Tonna. Okay, there we go, ***approved (VOTE:***

4•3•0•0 Opposed: Legislators Tonna, Foley & Montano).

Next is •• I think we're going to make a motion **1421•05 (Adopting Local Law No. 2005, a Local Law to prohibit the sale of all cold medicine containing dextromethorphan (DXM) to minors within the County of Suffolk (Nowick),** a motion to table, seconded by Legislator Binder. All in favor? Opposed? **Tabled (VOTE: 7•0•0•0).**

INTRODUCTORY RESOLUTIONS

Okay, No. **1450•05 • \$35,000, Establishing an Affordable County•wide Fee Waiver Program for the testing of private wells by the Suffolk County Department of Health Services (Caracciolo).**

LEG. O'LEARY:

Motion to table.

CHAIRMAN TONNA:

Motion to table, seconded by myself. All in favor? Opposed?
Tabled (VOTE: 7•0•0•0).

1451•05 • \$50,000, Establishing an Affordable County•wide Fee Waiver Program for the testing of private wells by the Suffolk County Department of Health Services (Caracciolo).

LEG. O'LEARY:

Motion to table.

CHAIRMAN TONNA:

Seconded by myself. All in favor? Opposed? **Tabled (VOTE: 7•0•0•0).**

1470•05 • Establishing Task Force to address the problem of substandard rental housing in Suffolk County (Cooper).

LEG. BINDER:

Motion to table.

LEG. FOLEY:

Mr. Chairman, could we have ••

CHAIRMAN TONNA:

Who's going to second that?

LEG. LOSQUADRO:

O'Leary.

LEG. O'LEARY:

I'm seconding it.

CHAIRMAN TONNA:

Okay, seconded by Legislator O'Leary. On the motion, could Legal Counsel tell us what this bill does?

MS. KNAPP:

This bill establishes a task force that consists of representatives of the towns, the Commissioner of Social Services I believe, let me get the latest version so that I don't give you wrong information here. It originally had all ten towns but that was amended so that we have just representatives of the Supervisor's Association. I'm having trouble finding this, 1470.

CHAIRMAN TONNA:

How about just a general gist.

MS. KNAPP:

Well, it's a task force. Instead of the Local Law that was proposed, this one would establish ••

LEG. BINDER:

Was that passed?

LEG. MONTANO:

No, it was tabled.

MS. KNAPP:

It has eleven members including the Commissioner of Social Services, the County Exec, the PO, the Minority Leader, the DA, Police.

CHAIRMAN TONNA:

And what is their charge?

MS. KNAPP:

Their charge is to study the problem County•wide with an emphasis on public assistance, emergency and long•term rental housing and to investigate procedures and regulations that have been implemented in this and other counties, in other municipalities, State and on a national level, to formulate policy.

CHAIRMAN TONNA:

Could I just ask, Janet, could you come up for a second? I have a question about the bill.

LEG. FOLEY:

Mr. Chairman, I just want •• well, I'll wait.

CHAIRMAN TONNA:

The only reason why Brian would stop something is because probably the transcription •• there we go, we're back on the record, Brian.

LEG. FOLEY:

It took many years, you know, but when Alison is changing paper, I know enough to wait.

CHAIRMAN TONNA:

We're back on the record. Okay, for the record, Legislator Foley.

LEG. FOLEY:

Thank you, Mr. Chairman. I would just like to make a motion to approve the resolution.

CHAIRMAN TONNA:

Okay, thank you. Is there a second?

LEG. MONTANO:

Second.

CHAIRMAN TONNA:

Second, okay. Commissioner.

LEG. O'LEARY:

Motion to table.

CHAIRMAN TONNA:

Oh, no, we already have a motion to table, we're on the motion. Commissioner, do we need a task force? I mean, my sense is is that what is the District Attorney going to do, what, you know, wonderful information is the District Attorney's Office going to be able to provide? I'm always a little leary of putting the District Attorney in something when he really should be separate and look at something, you know, from •• what •• I mean, can't you do this on your own? Isn't this what you're supposed to be doing, looking at substandard housing and stuff like that when it relates to at least the payments of Suffolk County?

COMMISSIONER DEMARZO:

So I don't put my own views into it, can you •• I'm looking at the legislation. If someone can clarify exactly what the intent of the task force is I could better respond to that question.

MS. KNAPP:

The intent of the legislation I believe was to try to come up with a method of dealing with a problem that has been expressed by towns and by County Legislators and various pieces of legislation on how to deal with the concerns expressed by residents, Legislators and Supervisors, and obviously the Commissioner, too, as to whether or not some of the housing that are poor, whether they're on Social Services or not, are living in.

CHAIRMAN TONNA:

Okay, just •• I still have the floor and then I think there was •• my concern is we're setting some precedence here. First of all, we're kind of calling supervisors, you know, and their staff

to come and answer for substandard housing in their towns. I mean, we're putting a commission together, we're putting all of these people, I mean, this is the responsible of the towns to do this, right? I mean, they have housing powers, right; I'm asking my Legal Counsel. They're the ones who have housing powers, right?

MS. KNAPP:

(Shook head yes).

CHAIRMAN TONNA:

If there's a violation of a law and it's criminal, then the District Attorney gets involved, right?

MS. KNAPP:

Yes.

CHAIRMAN TONNA:

Okay, so we already have things in place. Let me ask you the question as the Commissioner of Social Services, if there's a problem with substandard housing in a particular town, I mean, I'm sure your office reaches out to the town and says how can we work together or something like that, right?

COMMISSIONER DEMARZO:

Social Services Law Section 143•B is an authorization to work with the towns when there are violations. We advise our clients of that right, we work with the Housing Code Enforcement in towns, we restrict our clients when there is a 143•B violation. We do have an ongoing relationship, we have standardized the forms for submission of violations between the towns and the department. So yes, there is a dialogue right now with the Housing Code Enforcement.

CHAIRMAN TONNA:

Commissioner, is there any town that has said, "No, I won't talk to you"?

COMMISSIONER DEMARZO:

Not to my knowledge.

CHAIRMAN TONNA:

Yeah, that's my point. So why are we doing •• why are we having another •• I'm just so glad it's not a blue ribbon one. Why are we doing another •• the supervisors haven't polled us and said, "Please, could you put together a commission". And again, substandard housing is an issue, but I think as long as Social Services is dealing with the towns and the District Attorney when there's a criminal violation of something and then he gets involved, I mean, what is the Legislature going to add to this? Do you have any •• I'm setting you up.

COMMISSIONER DEMARZO:

I don't really need to be set up here. I mean, quite honestly, there is a need for more affordable housing, both for workfare and for welfare clients here in Suffolk County and better housing is needed for workfare and welfare. But, you know, if part of the study is to look at what the County and the towns are going to do to enhance that quality of housing that we afford these individuals, that could be beneficial. This really looks at the whole •• as I see it, looks at processes and procedures regarding that. There is no clear mechanism in here to enhance housing options for the poor and working in the County. So it's a study, but it doesn't really address the solutions.

CHAIRMAN TONNA:

Right. Thank you. Thank you very much.

LEG. KENNEDY:

Mr. Chairman?

CHAIRMAN TONNA:

There is •• just wait, Legislator Montano then Legislator Kennedy. Legislator Montano?

LEG. MONTANO:

Thank you. Commissioner, the last time you were here we had an extensive dialogue with respect to Resolution 1300 which was introduced by the Presiding Officer. That was the bill that provided that in those cases where •• well, I'll wait for everyone to get seated.

COMMISSIONER DEMARZO:

Yes, I just thought •• Roger Barbaro is here from the department and Deputy Commissioner Hernandez has many years of housing experience, so I thought that the three of us would be here because there were a number of housing initiatives on the agenda today.

LEG. MONTANO:

All right. Let me just put this in perspective as I understand it, if I may. This particular task force really flows from the concepts of bill 1300 which was the resolution that would require the Department of Social Services to withhold Social Service payments to those people that were found to be in a home where the landlord, not necessarily a house or an apartment in violation, but where a landlord refused to certify under oath that that particular unit was free of any violations; is that accurate? Did I explain that right?

COMMISSIONER DEMARZO:

It's generally my understanding that that's the legislation.

LEG. MONTANO:

Okay. And the last time we were here, I'm not going to go into it, we had an extensive conversation with respect •• or a dialogue with respect to a certain percentage of the people on Social Services that could be effected by 1300 which was namely children, about 28% of the Social Service recipients were found to be child only cases.

COMMISSIONER DEMARZO:

Correct.

CHAIRMAN TONNA:

Twenty•nine.

LEG. MONTANO:

Twenty•nine percent. Just so I'm clear, this bill, this task force is sort of a substitute for the implementation of that bill and this task force is to study the problem that was attempted to be addressed in that resolution without necessarily imposing or passing 1300 and at least looking at the problem to see if there would be any other solutions that could be found to address their perceived issue of, you know, unsafe, unsanitary housing; is that accurate?

CHAIRMAN TONNA:

Well, she doesn't know, she doesn't know the intent of the sponsor.

COMMISSIONER DEMARZO:

Yeah, I only have what I'm reading.

LEG. MONTANO:

Well, let me then state that as a fact. My understanding is that this bill is an attempt to look at that issue without necessarily •• and basically to •• hopefully as an alternative to the harsh measures that would come out in 1300.

COMMISSIONER DEMARZO:

Okay.

LEG. MONTANO:

I mean, that's my understanding of it.

COMMISSIONER DEMARZO:

I have not had a conversation with the sponsor of this legislation.

LEG. MONTANO:

He hasn't spoken to you at all on this?

CHAIRMAN TONNA:

That ••

LEG. MONTANO:

All right.

CHAIRMAN TONNA:

I'm sorry to interrupt.

LEG. MONTANO:

Go ahead.

CHAIRMAN TONNA:

But that underscores some of the problems. The fact is is that Social Services is responsible, you know, working with the towns, Article, what, 147•B or whatever that ••

COMMISSIONER DEMARZO:

143•B of the Social Services Law.

CHAIRMAN TONNA:

143•B, not bad, okay. So, you know, I mean, this seems to be •• you know, the intent is a very nice, laudable intent but, you know, it's done in a vacuum. And the last thing I want to do is, you know, waste taxpayer's time putting a whole group of people, you know, the usual laundry list of people together to talk about something that really Social Services should be driving this system, not the Legislature.

COMMISSIONER DEMARZO:

Can I just ••

CHAIRMAN TONNA:

Sure, please.

COMMISSIONER DEMARZO:

I really feel like it's necessary to state for the record ••

CHAIRMAN TONNA:

You know what, Janet, just get it off your chest, just let it out.

COMMISSIONER DEMARZO:

I don't •• the one problem I have is •• and while Legislative Counsel says it addresses both Social Services and generally poor individuals or people that live in substandard housing, there's an assumption that runs through a lot of this legislation that presumes that all the substandard housing is associated with people in receipt of assistance from the Department of Social Services, and that's up upsetting. I just don't think that that's always accurate and I just think that we're enhancing that myth that poorly kept houses are always Social Services.

CHAIRMAN TONNA:

Right, that's a good point. Okay, Legislator Kennedy then Presiding Officer Caracappa. And it's lovely to see you here, Presiding Officer.

P.O. CARACAPPA:

You, too, Mr. Chairman.

CHAIRMAN TONNA:

I feel the love.

LEG. KENNEDY:

Thank you, Mr. Chairman. Commissioner, this is a question, I guess, that kind of comes as a follow•up to some of the discussion that we had the last time around. And I'm going to go back to a point again about the inspections. The 143•B home inspections, and I'm going to ask you to go ahead again and just give us what the total number are and the total number of personnel that you have in the department right now to conduct that.

COMMISSIONER DEMARZO:

The total number of •• well, we have two inspectors right now. But we also •• I mean, we have two inspectors for our homes, the towns have inspectors and on occasion clients have •• if this is accurate, clients have notified us and we've sent town inspectors in?

MR. BARBARO:

Yes.

COMMISSIONER DEMARZO:

So there's really an enhanced cadre.

MR. BARBARO:

Yeah, the department currently has in our budget two Social Service Housing Advisors to conduct inspections. I think we spoke ••

LEG. KENNEDY:

And how many inspections did they conduct in ••

MR. BARBARO:

In a day, I think we talked last time and we said they do about seven a day, six to seven a day per worker, and those are inspections of people that have asked the department's participation

in a move into an apartment or a house. It has to first pass our inspection before we can approve the move.

LEG. KENNEDY:

And what is the approximate length of time at this point in order for your two inspectors to go ahead and complete and fulfill a request?

MR. BARBARO:

The inspections are done quickly, within a day or two, but what happens is if it fails inspection, we then notify the landlord, he has to do certain changes to the apartment or house before we can approve it. So when there are delays, and we spoke about that last time, when there are delays it's usually because our inspectors have found problems with the house.

LEG. KENNEDY:

Currently you have two inspectors. What has been the complement in the department in the past?

MR. BARBARO:

I'm sorry.

LEG. KENNEDY:

Currently you have two inspectors to go ahead and service the whole County.

MR. BARBARO:

Yes.

LEG. KENNEDY:

What has been the complement in the department in the past; have you had more inspectors, have you always run with two?

MR. BARBARO:

I believe there was a time when we were up to three and that was •• I think that's the most we ever had and I think that was probably about four or five years ago; there was three at a time.

LEG. KENNEDY:

So at this point you're down •• if it's a fair statement, you're down a third I guess as far as the ability. Can you fulfill the mission, I guess, with the number of inspectors or would you be able to satisfy this aspect of it more timely if you had more people to do it; that's the question.

MR. BARBARO:

Well, certainly if we had more inspectors we would do them quicker, you know. But we do try to get to them, especially if it's a move out of emergency housing into permanent housing, we make that a priority.

LEG. KENNEDY:

My recollection from the last meeting was that it was about 14 weeks or so between the time I guess that you had original inspection and the time that you might have had completion for the reinspect.

MR. BARBARO:

If I recall, that was somebody from one of the agencies that said that to you, reported to you that it took 14 weeks to get an inspection completed.

LEG. KENNEDY:

Do you subscribe to that?

MR. BARBARO:

And I think I said that was a true exception to the rule, they don't usually take anywhere near that long. But if it has to be inspected two or three or four times before it passes, it can add to •• it can become a couple of months.

LEG. KENNEDY:

All right. I don't want to beat this much more but I guess I would like you to give me an answer then. What is your norm, from the time that you get a request to the time that the department, assuming that you might have one or two reinspects or whatever, how long does that take before you can go ahead and get in; the norm, the average?

MR. BARBARO:

I honestly don't know the average. You know, many move •• you know, we move 30 families ••

LEG. KENNEDY:

We know an exception is 14, we don't know what the average is.

COMMISSIONER DEMARZO:

Well, if there's no problem, if there's no problem the inspection occurs quickly. The unknown, and that's what he'll need to go back and look at, is when there is a problem and the landlord has to fix it.

LEG. KENNEDY:

Okay. I ••

COMMISSIONER DEMARZO:

So the time frame for the lag is not ••

LEG. KENNEDY:

I've dragged off the task force, I won't •• I'll let it go. But I still have questions as to the ability to fulfill this aspect of this problem properly with what you have now.

COMMISSIONER DEMARZO:

And one of the things that I was hoping that Roger would speak to and it's my understanding that there are situations where clients identify problems and we actually have called the town and worked with town inspectors to do inspections on situations where people are living. Because when there is a 143•B violation, we can actually withhold rent. So we have worked with both the towns and the clients where there are situations where it is an unsafe or inhabitable situation.

MR. BARBARO:

Yeah, that's accurate.

COMMISSIONER DEMARZO:

So we have that relationship.

CHAIRMAN TONNA:

It's great that we actually have a Commissioner here to help answer some questions, really.

COMMISSIONER DEMARZO:

Well, Roger told me the story ••

CHAIRMAN TONNA:

No, both. No, I'm just saying, it's nice to have a Commissioner here, though, you know, that there is some dialogue, that's great.

Okay, Legislator O'Leary and then Presiding Officer.

LEG. O'LEARY:

Thank you, Mr. Chair. I just have one question. As part of the inspection process, is it to include whether or not there's a valid rental permit?

COMMISSIONER DEMARZO:

No.

LEG. O'LEARY:

No?

COMMISSIONER DEMARZO:

No, it is not. We ••

CHAIRMAN TONNA:

In other words, it's not an accessory apartment, you mean, something like that; is that what you're talking about?

COMMISSIONER DEMARZO:

It's a safety and health •• we use New York State Building Code Standards, that's our requirements.

LEG. O'LEARY:

All right. So there's no requirement to check to see if not the premises has a valid rental permit that's been issued by the town.

COMMISSIONER DEMARZO:

New York State requires us to do a safety and health and I think the issue of CO has been looked at before by this Legislature and ruled on by the State Office of Temporary and Disability Assistance.

LEG. O'LEARY:

So the answer is no, there is no ••

COMMISSIONER DEMARZO:

Right.

LEG. O'LEARY:

Okay, thank you.

CHAIRMAN TONNA:

But your answer also not only is no, but the State says you're not supposed to.

LEG. FOLEY:

You can't do it, right.

COMMISSIONER DEMARZO:

The State says we can't use that as a qualifying situation.

CHAIRMAN TONNA:

Okay. Okay, Presiding Officer?

P.O. CARACAPPA:

Well, that's where the problem exists because there's •• the community gets upset because there's illegal housing going on and the department goes by a different standard and that's what we need to fix.

I want to address my colleagues. And I appreciate, Mr. Chair, the ability to say a few words as I'm not an official member of the committee. A task force is actually happening currently and

part of that task force is the DA, myself, the supervisor from my town, the Town Attorneys, the Police Commissioner and some ADA's. Out of that gathering and those meetings, we've come up with the necessity for bill 1300. Now, I know you're talking about the task force and I don't want to harp on 1300, but my point is that at the end of the day, it is my firm belief that the task force that you're going to vote, or at least attempt to vote to create today and send to the floor, what their recommendations will be at the end of the day will be to put forward a bill very similar to mine that's currently on the floor which is 1300 which basically makes the affidavit process kick into place.

Secondarily, the Town Supervisor from my town, the Town Attorney's Office has said that, to the contrary of what was said earlier by the Commissioner, that Social Services does not work with them in an accommodating fashion, if you will, when it comes to substandard housing. They have to almost pull teeth to get them to work with them in dealing with substandard housing that Social Service recipients are in, and that's one of the reasons why they are on the task force that I've put together.

So the bottom line is I think it's a waste of time for this Legislature to go forward with a lengthy task force when, at the very end and not to be redundant, what we need is to give the DA •• which they don't have, to answer your question earlier; the DA does not have the ability to go after the slumlords and the very bad landlords that do not care about the tenant or the community for which that tenant or that person being placed is in, he has no ability. The ability that is needed to be given to the DA is that affidavit. So again, let's just try and cut to the chase.

CHAIRMAN TONNA:

Yeah, but then it's a false •• then it's a false •• then somebody is •• there's fraud.

P.O. CARACAPPA:

Well, there's a lot of fraud going on, Mr. Chairman, and that's one of the reasons why there's such an outcry from communities in Huntington Station, in Selden, in Farmingville, throughout Suffolk County. And again, a task force I think is redundant, it's overkill ••

CHAIRMAN TONNA:

No, I'm not for the task force.

P.O. CARACAPPA:

And at the very least we should move with 1300 first at the next meeting. And I just wanted to put that on the record and I appreciate the time.

LEG. BINDER:

Mr. Chairman?

CHAIRMAN TONNA:

Okay, thank you. Legislator Binder.

LEG. BINDER:

Yeah, I'm going to be withdrawing the tabling motion. I don't think this is going to be passed today and I'd rather that it die a quick death.

It seems •• at least in the Town of Huntington, obviously I know something about what's going on in Huntington now, particularly now as I've been •• as this year has gone on. And what I've noticed very clearly is that there's really no enforcement of the slumlords. One of the things I got involved in recently, on the side of the house there were literally three electric meters, you can see the meters, they were visible from the street, anyone can see them, and this person who owns the house has literally hundreds of houses, hundreds and hundreds of houses around Huntington, all slum, all slum housing, all problems, all substandard. And whoever it happens to be, we were checking into the number of police calls and they are numerous in all of their houses and they're not enforced against, just as a general rule they're not enforced against. And to put the town on a task force to look at why they're not enforcing the law and enforcing their own laws in ordinances and resolutions in the town I think is crazy. So I'm going to withdraw my motion to table and hope we defeat this today.

CHAIRMAN TONNA:

Legislator Montano and then hopefully we can vote on it. There's a motion to approve and a second and it will defeat by the negative votes on that, but go ahead.

LEG. MONTANO:

Yeah, I just want to say that with respect to the task force, I know what the •• well, I think I understand what the task force attempts to do. I'm not one that's necessarily in favor of task

force, but this ties in to the issue of Resolution 1300, it also ties in to a resolution that I introduced which would replace a moratorium on the placement of additional Social Service cases in those districts that have 5% of the total Social service caseload within the County. And the reason is that while I understand the issue that 1300 attempts to address and, you know, I have spoken with the Presiding Officer and that other resolution was tabled at the last meeting, what I'm concerned about is the unintended consequences of implementing 1300. While I understand that the DA would like the weapon of having the affidavit so that he can then go after bad landlords •• and I'm not against that, I'm actually in favor of that, we should go after bad landlords •• there are two things that come to mind, and the Presiding Officer and I have discussed this, hopefully we'll discuss it further. One is that if the landlord chooses not to sign the affidavit, then there's no case for the DA to pursue because there's no filing of a false instrument. However, Social Services, if the person were on Social Services then Social Services would be compelled to withhold the grant simply because the affidavit was not signed. And then, you know, the flow from that would be that 30% of the cases that might result would be, you know, children•only cases, so I think there are some issues with respect to that.

CHAIRMAN TONNA:

Just one thing?

LEG. MONTANO:

Go ahead.

CHAIRMAN TONNA:

Thirteen hundred is on the floor of the Legislature.

LEG. MONTANO:

I understand that.

CHAIRMAN TONNA:

We have five minutes, three minutes left until Veterans & Seniors and they're going to be done some very, very critical and important issues today. So I just say that I think we're addressing this ••

LEG. MONTANO:

I understand that, but this •• I'll be very brief.

CHAIRMAN TONNA:

Okay.

LEG. MONTANO:

This bill attempts to resolve some of the issues there. I'm hopeful that we can continue this debate and maybe reach a solution later. I'll leave it at that.

CHAIRMAN TONNA:

All right, thank you very much, Legislator Montano. Okay, there's a motion and a second to approve. All in favor?

LEG. BINDER:

Opposed.

CHAIRMAN TONNA:

Wait. In favor? Legislator Foley, okay.

LEG. MONTANO:

I'm going to make a motion to table it.

LEG. FOLEY:

Second.

CHAIRMAN TONNA:

All right? All in favor?

LEG. BINDER:

Opposed to tabling.

CHAIRMAN TONNA:

Well, just so •• we know who's in favor. Let's see, who's in favor of tabling? Foley and Montano? And this one, boys, I'm sorry, I think this thing needs a quick death. Okay, so that has died.

So there was a motion to approve and a second. All in favor? Opposed?

LEG. BINDER:

Opposed.

LEG. LOSQUADRO:

Opposed.

CHAIRMAN TONNA:

All right, so Legislator Foley was for it and everybody else was against it. ***Defeated (VOTE: 1 •6•0•0 In Favor: Legislator Foley).***

I hope this doesn't bring a slew of pet safe bills. Anyway, let's go on to the next one ••

LEG. BINDER:

Motion to approve and put on the consent calendar.

CHAIRMAN TONNA:

Yeah, No. ***1495•05 • Accepting and appropriating 100% TANF funds from the New York State Office of Temporary and Disability Assistance to fund the continuation of non•residential domestic violence services (County Executive).*** There's a motion to approve and put on the consent calendar. I think you have to do •• can we do that as one motion?

LEG. LOSQUADRO:

Yeah.

CHAIRMAN TONNA:

All in favor? Opposed? Okay, ***approved and placed on the consent (VOTE: 7•0•0•0).***

1497•05 • Adopting Local Law No. 2005, a Local Law to regulate boarding kennels, businesses and establishments (County Executive).

MS. KNAPP:

That has to be tabled.

CHAIRMAN TONNA:

Motion to table, seconded by myself for a public hearing.

Tabled (VOTE: 7•0•0•0).

1544•05 • Accepting and appropriating 100% Federal grant funds passed through the New York State Division of Criminal Justice Services to the Department of Health Services, Division of Medical, Legal Investigations and Forensic Sciences for the DNA Cold Case Backlog Reduction Program (County Executive). Motion to approve by myself, second by Legislator Binder and place it on the consent calendar. All in favor? Opposed? Great. ***Approved and placed on the consent calendar (VOTE: 7•0•0•0).***

LEG. LOSQUADRO:

Same motion.

CHAIRMAN TONNA:

No. 1545•05 • Amending the 2005 Adopted Budget to accept and appropriate additional 100% State aid from the New York State Office of Mental Health to the Department of Health Services, Division of Community Mental Hygiene Services, for various contract agencies (County Executive). Same motion, same second, same vote. ***Approved and placed on the consent calendar (VOTE: 7•0•0•0).***

1549•05 • Accepting and appropriating 100% Federal grant funds from the Medical and Health Research Association of NYC, Inc. (MHRA) to the Department of Health Services to join the Cities Readiness Initiative (County Executive). Same motion, same second, same vote. ***Approved and placed on the consent calendar (VOTE: 7•0•0•0).***

1555•05 • Accepting and appropriating 100% State grant funds from the New York State Department of Health to the Department of Health Services, Division of Patient Care Services, for the Diabetes Education Initiative Program (County Executive). Same motion, same second, same vote. ***Approved and placed on the consent calendar (VOTE: 7•0•0•0).***

1563•05 • Approving the reappointment of Cristina C. Bonuso as a member of the Suffolk County Youth Board Coordinating Council representing Legislative District No. 5 (County Executive). There is a motion ••

LEG. FOLEY:

Motion.

CHAIRMAN TONNA:

•• by Legislator Foley, seconded by Legislator Montano. All in favor? Opposed?

LEG. BINDER:

Why is the County Exec •• I'm just curious. Why is the County Exec name on Legislator District No. 5's appointment? I'm just curious.

CHAIRMAN TONNA:

Who is Legislative District No. 5?

LEG. BINDER:

Who's 5?

CHAIRMAN TONNA:

Five, Viloría•Fisher? Who cares. Okay.

LEG. BINDER:

Somebody should ask her if she wanted that on there.

LEG. FOLEY:

She's fine, she's fine with it.

CHAIRMAN TONNA:

It's a County Executive appointment, I guess, that's why. All in favor? Opposed? Great.

Approved (VOTE: 7•0•0•0).

1567•05 • Transferring funds from the Community Support Services to Mental Health

Programs (Caracciolo). I'll make a ••

LEG. FOLEY:

Motion to table.

CHAIRMAN TONNA:

Motion to table, second by Legislator Montano.

LEG. BINDER:

Counsel?

CHAIRMAN TONNA:

Oh, this is for •• is this for •• what is this for?

LEG. BINDER:

Counsel, please?

LEG. FOLEY:

If we can hear from the Health Department on it.

CHAIRMAN TONNA:

John, what is the ••

MR. ORTIZ:

I believe this just transfers funds from one mental health agency to another.

CHAIRMAN TONNA:

Yeah. Well, I mean, is it one mental health •• is it in Huntington?

LEG. FOLEY:

Can we hear from the Health Department?

CHAIRMAN TONNA:

Family Service League in Huntington to the East End Mental Health Program? I don't think I'm

really for that until I hear from the Family Service League, so I'd make a motion to table and a secret motion to kill. Anyway, no, a motion to table. The sponsor hasn't spoken to me about the bill, Family Service League hasn't spoken to me about the bill.

LEG. FOLEY:

Second. And I would ••

CHAIRMAN TONNA:

Who's requesting it?

LEG. FOLEY:

And I would wonder whether or not the Health Department, whether or not the sponsor even interacted with the Health Department on the bill before ••

CHAIRMAN TONNA:

Right. Well, in the WHEREAS clause it does say that the Family Service League requested it.

LEG. BINDER:

Mr. Chairman ••

CHAIRMAN TONNA:

Let's just table it.

LEG. BINDER:

•• Family Service League does have east end mental health services.

CHAIRMAN TONNA:

Oh, okay.

LEG. BINDER:

So it could be that so we should just check.

CHAIRMAN TONNA:

Okay.

LEG. FOLEY:

Mr. Chairman?

CHAIRMAN TONNA:

I mean, is there a time issue so we approve without recommendation?

LEG. FOLEY:

Mr. Chairman, there's also •• No. Mr. Chairman, there's an indication from the Deputy Commissioner of Health that the sponsor of the bill did not speak to the department about it. Normally speaking, when a Legislator ••

CHAIRMAN TONNA:

That's one of the bills, Jacqueline?

LEG. FOLEY:

•• sponsors a bill, they will at least speak either with the Commissioner, in this case Tom MacGilvray who is directly responsible for this area of the Health Department.

CHAIRMAN TONNA:

That's great. We're going to make a motion to table, seconded by myself. All in favor? Opposed? ***Tabled (VOTE: 7•0•0•0).***

LEG. FOLEY:

Mr. Chairman, I'd also ask if you could suggest to the sponsor that prior to putting these bills forward, at the very least speak with the appropriate department in order to get the input on the bill or even make them aware of it.

CHAIRMAN TONNA:

Mr. Cohen, can you provide that key information? We got that, you're going to call Legislator Caracciolo's office?

MR. COHEN:

Yes.

CHAIRMAN TONNA:

Thank you. Okay, we have now 1585, right?

LEG. O'LEARY:

1577.

CHAIRMAN TONNA:

Oh, sorry. ***1577•05 • To ensure the safety and protection of participants in youth organizations within Suffolk County (O'Leary).***

LEG. O'LEARY:

Motion.

CHAIRMAN TONNA:

Motion by Legislator O'Leary.

LEG. LOSQUADRO:

Second.

CHAIRMAN TONNA:

Second by Legislator Losquadro.

LEG. BINDER:

Can you explain this?

LEG. O'LEARY:

Yeah, let me explain. This resolution would require that any contract agency that serves youths under the age of 18 must certify that all employees or volunteers have been the subject of an inquiry made to New York State's Sex Offenders Registry.

CHAIRMAN TONNA:

Great.

LEG. BINDER:

Please list me as a cosponsor.

LEG. LOSQUADRO:

Cosponsor.

CHAIRMAN TONNA:

Oh, okay. Yes, this is one of the ones you want to speak on? Go ahead.

MS. CAPUTI:

Thank you, Legislator Tonna.

CHAIRMAN TONNA:

Thank you.

MS. CAPUTI:

The Law Department would like a little bit of time, we request that this be tabled for one cycle to work with Legislative Counsel and the sponsor on the terms of the bill. There actually are similar legal issues between 1577 and 1585 as far as who can access the records. And under the Corrections Law, in order to disqualify someone from employment, you have to consider certain factors and I don't see that those factors are necessarily a part of this resolution. So we'd like just to have some time to try to fine tune this and work it out.

LEG. O'LEARY:

All right. In light of the fact •• it's not before us now •• I'm sorry, Mr. Chair?

CHAIRMAN TONNA:

Yes.

LEG. O'LEARY:

In light of the fact that I have another resolution, 1585, the public hearing was closed and I'm going to be looking to table that for making certain amendments to it, I would have no problem tabling 1577 for one cycle and one cycle only.

MS. CAPUTI:

Okay.

LEG. O'LEARY:

Because I intend on moving both 77 and 85 out in the next cycle of committee meetings.

CHAIRMAN TONNA:

And I would ask the Clerk's Office to put me as a cosponsor on both these bills.

LEG. BINDER:

Right, also the same.

LEG. LOSQUADRO:

Me, too.

LEG. O'LEARY:

But out of respect for the County Attorney's Office and legislative Counsel, I just want to point out, it's only one cycle and hopefully you can resolve some of your concerns prior to the next committee meeting.

MS. CAPUTI:

Good. Thank you.

CHAIRMAN TONNA:

Okay, that's great.

LEG. O'LEARY:

So I'll make a motion to table 1577 for one cycle.

LEG. FOLEY:

Second.

CHAIRMAN TONNA:

All in favor? Opposed? ***Tabled (VOTE: 7•0•0•0).***

1585•05 • Adopting Local Law No. 2005, a Local Law to require screening of employees of agencies providing hot•line services to children who are victims of sexual abuse (O'Leary). We're going to ••

LEG. O'LEARY:

Motion to table.

CHAIRMAN TONNA:

•• same motion, same second, same vote.

LEG. O'LEARY:

Yes.

CHAIRMAN TONNA:

Okay. **Tabled (VOTE: 7•0•0•0).**

1627•05 • Authorizing, empowering and directing the Department of Social Services to establish a moratorium on placement of public assistance cases in certain zip codes (Montano). Is there a motion?

LEG. MONTANO:

Motion to discharge without recommendation.

CHAIRMAN TONNA:

Is there a second?

MS. CAPUTI:

I'd also like to be heard on that as well.

CHAIRMAN TONNA:

Go ahead. Jacqueline?

MS. CAPUTI:

Okay, thank you. The County Legislature, this honorable body, has once before, twice before,

proposed resolutions very similar to this to impose moratoriums.

CHAIRMAN TONNA:

Right.

MS. CAPUTI:

And the State Department of Social Services objected, sent correspondence to the County and it eventually led to litigation in which the County lost.

CHAIRMAN TONNA:

Right.

MS. CAPUTI:

So we have a legal issue here and it's been litigated, it really can't be done. So I'd like to ask the Legislature to consider that before they would move to approve this resolution.

CHAIRMAN TONNA:

Okay. Could I just ask a question, just from a process standpoint. Has anybody talked to the sponsor prior to?

MS. CAPUTI:

I did, I did.

CHAIRMAN TONNA:

Oh, you have.

LEG. MONTANO:

Yes.

CHAIRMAN TONNA:

All right, so there has been a communication. That's why I love when lawyers get together, this is great. So how do we •• we have a he said/she said thing. So go ahead.

LEG. MONTANO:

That's why I asked for it to be discharged without recommendation. What •• and I think very clearly that this should be •• this issue should be part of the debate with respect to IR 1300 and, you know, with respect to the tabled resolution on the task force.

I read the case briefly that you cited today, I really didn't get into it, I don't know that it necessarily dealt with all the issues that are implicit in my bill. And also, and I mentioned this to you earlier, there was a proposal put out by the County Executive unrelated to this but, you know, having to do with the selection of the Police Department class, 20% would be set aside for those people coming from certain zip codes areas. And the question I asked you in the e-mail, my response was to distinguish that proposal from this proposal. But what I'm asking today, very •• you know, to cut to the chase is to discharge it without recommendation, we can •• I'll address those issues. If, in fact, the bill needs to be tabled, withdrawn at the next meeting we could do so, but I would like this issue to be part of the debate on 1300 so we get a clear picture of what's involved.

CHAIRMAN TONNA:

Okay. There is a motion. Is there a second to discharge without recommendation?

LEG. FOLEY:

Second.

CHAIRMAN TONNA:

Legislator Foley. With all due respect to the sponsor, you know, I have the fondest regards for you, I'm not voting for this. Anyway, there's a motion and a second. All in favor? Opposed?

LEG. BINDER:

Opposed.

LEG. KENNEDY:

Opposed.

LEG. LOSQUADRO:

Opposed.

LEG. O'LEARY:

Opposed.

CHAIRMAN TONNA:

All right, it fails and I think this is dead. All right, let's go on to the next one. Sorry about that. You know, certain Legislators I take actual pleasure in seeing their bills go down. You know, I just want you to know, I've not taken pleasure in this. Legislator Alden knows about that.

MR. COHEN:

Legislator Tonna, you voted DWR, does it stay on the agenda now?

LEG. LOSQUADRO:

Is there a motion to approve?

CHAIRMAN TONNA:

I'll make a motion to approve for the purpose of defeating a bill. Second by Legislator Losquadro. All right, in front of us now, there's a motion and a second. All in favor? Opposed? In favor, Legislator Montano and Foley. Opposed? Everybody else. Okay, fails. Thank you.
Failed (2•5•0•0 In Favor: Legislators Foley & Montano). Okay, we save paper that way.

Okay, ***Home Rule Message No. 6•2005 • Home Rule Message requesting New York State Legislature to authorize the County of Suffolk to conduct inspections of pet dealers and to provide penalties for violations of article 26•A of the Agriculture and Markets Law (Assembly Bill A.8194 and Senate Bill S.) (Presiding Officer at the Request of the County Executive).*** Who put this in?

LEG. BINDER:

The County Exec.

LEG. O'LEARY:

I don't have that here.

LEG. BINDER:

I don't have it.

CHAIRMAN TONNA:

Pet dealers?

MR. COHEN:

A late starter.

CHAIRMAN TONNA:

You know, all I can say is I'm going to make a motion to table this.

LEG. BINDER:

Second.

CHAIRMAN TONNA:

I mean, I haven't heard that there is a huge need to inspect pet dealers, I mean, maybe there are, I don't know, but nobody has really communicated this. And I can see there's a full auditorium of pet dealers who are saying that this is ••

LEG. BINDER:

Motion to table.

CHAIRMAN TONNA:

Motion to table, seconded.

LEG. FOLEY:

Can we hear from Mr. Zwirn?

CHAIRMAN TONNA:

All in favor? Opposed.

MR. ZWIRN:

No, table.

LEG. FOLEY:

Table it?

CHAIRMAN TONNA:

Tabled (VOTE: 7•0•0•0).

All right. Motion to adjourn, I don't think I need one. Adjourned. Thank you.

(*The meeting was adjourned at 1:38 PM*)

***Legislator Paul Tonna, Chairman
Health and Human Services Committee***

_ _ • Denotes Spelled Phonetically